

I. State Information

State Information

Plan Year

Federal Fiscal Year 2017

State Identification Numbers

DUNS Number 805346798

EIN/TIN 86-6004791

I. State Agency to be the Grantee for the PATH Grant

Agency Name Arizona Health Care Cost Containment System

Organizational Unit Division of Health Care Management

Mailing Address 701 East Jefferson MD6500

City Phoenix

Zip Code 85034

II. Authorized Representative for the PATH Grant

First Name John O.

Last Name Moorman

Agency Name Arizona Health Care Cost Containment System

Mailing Address 701 East Jefferson, MD5400

City Phoenix

Zip Code 85034

Telephone 602-417-4779

Fax

Email Address john.moorman@azahcccs.gov

III. State Expenditure Period

From 7/1/2017

To 6/30/2018

IV. Date Submitted

NOTE: this field will be automatically populated when the application is submitted.

Submission Date 6/30/2017 7:13:34 PM

Revision Date

V. Contact Person Responsible for Application Submission

Title Arizona SPC

Organizational Unit Name Arizona Health Care Cost Containment System

First Name Danelle

Last Name Valenzuela

Telephone 602-364-4644

Fax

Email Address danelle.valenzuela@azahcccs.gov

Footnotes:



DOUGLAS A. DUCEY
GOVERNOR

STATE OF ARIZONA
OFFICE OF THE GOVERNOR

EXECUTIVE OFFICE

February 26, 2016

Grants Management Specialist
Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 7-1091
Rockville, MD 20857

Dear Grants Management Specialist:

Arizona has a long history of implementing significant and innovative initiatives related to integration and care coordination in the provision of services. As of July 1, 2016, the Arizona Department of Health Services, Division of Behavioral Health Services (DBHS) and the Arizona Health Care Cost Containment System (AHCCCS) will merge to fully integrate the implementation and oversight of behavioral and physical care services. The coming together of DBHS and AHCCCS builds a stronger and better informed Medicaid leadership and builds greater awareness of behavioral health services in the Medicaid program.

This merger requires the transition of the oversight of Substance Abuse and Mental Health Services Administration (SAMHSA) grants. As such, I am designating Tom Betlach, Director of AHCCCS, as the signature authority for the Substance Abuse Block Grant (SABG), Projects for Assistance in Transition from Homelessness Grant (PATH), and Mental Health Block Grant (MHBG) as well as for any discretionary grant. This authority includes the signing of any standard federal forms such as Assurances, Certifications and Disclosure of Lobbying Activities and shall have such authority during my term as Governor of Arizona. In addition, I am designating Director Betlach as the Single State Authority (SSA) for Arizona.

If you have any questions, please contact Kelly Charbonneau, Division of Health Care Management at (602) 364-1356.

Sincerely,

Douglas A. Ducey
Governor
State of Arizona

1700 WEST WASHINGTON STREET, PHOENIX, ARIZONA 85007

602-542-4331 • www.azgovernor.gov

I. State Information

Assurances - Non-Construction Programs

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C.

§470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
-

Name

John O. Moorman

Title

Finance Administrator

Organization

Arizona Health Care Cost Containment System

Signature:

Date:

Footnotes:

I. State Information

Assurances - Non-Construction Programs

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 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
-

Name

John O. Moorman

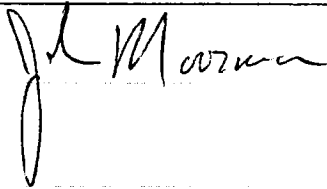
Title

Finance Administrator

Organization

Arizona Health Care Cost Containment System

Signature:



Date:

6/12/17

Footnotes:

I. State Information

Certifications

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- b. have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- d. have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph, regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management
Office of the Assistant Secretary for Management and Budget
Department of Health and Human Services
200 Independence Avenue, S.W., Room 517-D

3. Certifications Regarding Lobbying

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Name

John O. Moorman

Title

Finance Administrator

Organization

Arizona Health Care Cost Containment System

Signature:

Date:

Footnotes:

I. State Information

Certifications

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- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- b. have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- d. have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

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- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

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Office of Grants Management
Office of the Assistant Secretary for Management and Budget
Department of Health and Human Services

200 Independence Avenue, S.W., Room 517-D

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The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Name

John O. Moorman

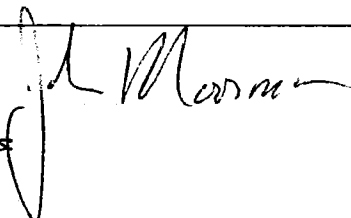
Title

Finance Administrator

Organization

Arizona Health Care Cost Containment System

Signature:



Date:

6/12/17

Footnotes

I. State Information

Funding Agreement

FISCAL YEAR 2017

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) AGREEMENT

I hereby certify that the State of Arizona agrees to the following:

Section 522(a)

Amounts received under the PATH Formula Grant Program will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities for the purpose of providing the services specified in Section 522(b) to individuals who:

- Are suffering from serious mental illness;
- Are suffering from serious mental illness and have a substance use disorder; and
- Are homeless or at imminent risk of becoming homeless.

Section 522(b)

Entities receiving grants under the PATH Formula Grant Program will expend funds for the following services:

- Outreach;
- Screening and diagnostic treatment;
- Habilitation and rehabilitation;
- Community mental health;
- Alcohol or drug treatment;
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
- Case management services, including:
 - Preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;
 - Providing assistance in obtaining and coordinating social and maintenance services for eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, habilitation and rehabilitation services, prevocational and vocational services, and housing;
 - Providing assistance to eligible homeless individuals in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
 - Referring eligible homeless individuals for such other services as may be appropriate; and
 - Providing representative payee services in accordance with Section 1631(a)(2) of the Social Security Act if the eligible homeless individual is receiving aid under Title XVI of such act and if the applicant is designated by the Secretary to provide such services.
- Supportive and supervisory services in residential settings;
- Referrals for primary health services, job training, education services and relevant housing services;
- Housing services [subject to Section 522(h)(1)] including:
 - Minor renovation, expansion, and repair of housing;
 - Planning of housing;
 - Technical assistance in applying for housing assistance;
 - Improving the coordination of housing services;
 - Security deposits;
 - The costs associated with matching eligible homeless individuals with appropriate housing situations;
 - One-time rental payments to prevent eviction; and
 - Other appropriate services, as determined by the Secretary.

Section 522(c)

The State will make grants pursuant to Section 522(a) only to entities that have the capacity to provide, directly through arrangements, the services specified in Section 522(b), including coordinating the provision of services in order to meet the needs of eligible homeless individuals who are both mentally ill and suffering from a substance abuse disorder.

Section 522(d)

In making grants to entities pursuant to Section 522(a), the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

Section 522(e)

The state agrees that grants pursuant to Section 522(a) will not be made to any entity that:

- Has a policy of excluding individuals from mental health services due to the existence or suspicion of a substance abuse disorder; or
- Has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

Section 522(f)

Not more than 4 percent of the payments received under the PATH Formula Grant Program will be expended for administrative expenses regarding the payments.

Section 522(g)

The State will maintain State expenditures for services specified in Section 522(b) at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying to receive such payments.

Section 522(h)

The State agrees that:

- Not more than 20 percent of the payments will be expended for housing services under section 522(b)(10); and
- The payments will not be expended:
 - To support emergency shelters or construction of housing facilities;
 - For inpatient psychiatric treatment costs or inpatient substance abuse treatment costs; or
 - To make cash payments to intended recipients of mental health or substance abuse services.

Section 523(a)

The State will make available, directly or through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than \$1 for each \$3 of funds provided in such payments. The amount of non-Federal contributions shall be determined in accordance with Section 523(b).

Section 523(c)

The State will not require the entities to which grants are provided pursuant to Section 522(a) to provide non-Federal contributions in excess of the non-Federal contributions described in Section 523(a).

Section 526

The State has attached hereto a Statement

- Identifying existing programs providing services and housing to eligible homeless individuals and gaps in the delivery systems of such programs;
- Containing a plan for providing services and housing to eligible homeless individuals, which:
 - Describes the coordinated and comprehensive means of providing services and housing to homeless individuals; and
 - Includes documentation that suitable housing for eligible homeless individuals will accompany the provision of services to such individuals;
- Describing the source of the non-Federal contributions described in Section 523;
- Containing assurances that the non-Federal contributions described in Section 523 will be available at the beginning of the grant period;
- Describing any voucher system that may be used to carry out this part; and
- Containing such other information or assurances as the Secretary may reasonably require.

Section 527(a)(1), (2), and (3)

The State has attached hereto a description of the intended use of PATH Formula grant amounts for which the State is applying. This description:

- Identifies the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance abuse, and housing services are located; and
- Provides information relating to the program and activities to be supported and services to be provided, including information relating to coordinating such programs and activities with any similar programs and activities of public and private entities.

Section 527(a)(4)

The description of intended use for the fiscal year of the amounts for which the State is applying will be revised throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State pursuant to the PATH Formula Grant Program.

Section 527(b)

In developing and carrying out the description required in Section 527(a), the State will provide public notice with respect to the description (including any revisions) and such opportunities as may be necessary to provide interested clients, such as family members, consumers and mental health, substance abuse, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

Section 527(c)(1)(2)

The services to be provided pursuant to the description of the intended use required in Section 527(a), have been considered in the preparation of, have been included in, and are consistent with the State Plan for Comprehensive Community Mental Health Services under P.L. 102-321.

Section 528(a)

The State will, by January 31, 2018, prepare and submit a report providing such information as is necessary for:

- Securing a record and description of the purposes for which amounts received under the PATH Formula Grant Program were expended during

fiscal year 2017 and of the recipients of such amounts; and

- Determining whether such amounts were expended in accordance with the provisions of Part C- PATH.

Section 528(b)

The State further agrees that it will make copies of the reports described in Section 528(a) available for public inspection.

Section 529

Payments may not be made unless the State agreements are made through certification from the chief executive officer of the State.

Charitable Choice Provisions:

The State will comply, as applicable, with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R part 54 and 54a respectively.

Name

John O. Moorman

Title

Finance Administrator

Organization

Arizona Health Care Cost Containment System

Signature:

Date:

Footnotes:

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FISCAL YEAR 2017

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Name

John O. Moorman

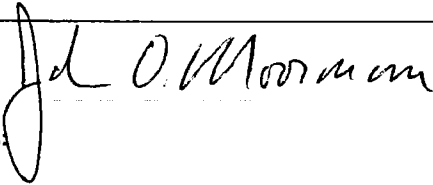
Title

Finance Administrator

Organization

Arizona Health Care Cost Containment System

Signature:



Date:

6/12/17

Footnotes:

I. State Information

Disclosure of Lobbying Activities

To print a Standard Form - LLL if required for submission, click the link below.

Standard Form LLL ([click here](#))

Name

John O. Moorman

Title

Finance Administrator

Organization

Arizona Health Care Cost Containment System

Signature:

Date:

Footnotes:

I. State Information

Disclosure of Lobbying Activities

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Standard Form LLL (click here)

Name

John O. Moorman

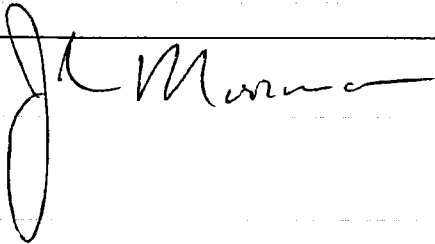
Title

Finance Administrator

Organization

Arizona Health Care Cost Containment System

Signature:



Date:

6/12/17

Footnotes:

I. State Information

State PATH Regions

Name	Description	Actions
Cochise County	Cochise County	
Coconino County	Coconino County	
Maricopa County	Maricopa County	
Mohave County	Mohave County	
Pima County	Pima County	
Yavapai County	Yavapai County	

Footnotes:

II. Executive Summary

1. State Summary Narrative

Narrative Question:

Provide an overview of the state's PATH program with key points that are expanded upon in the State Level Sections of WebBGAS.

Footnotes:



STATE OF ARIZONA
OFFICE OF THE GOVERNOR

EXECUTIVE OFFICE

DOUGLAS A. DUCEY
GOVERNOR

February 26, 2016

Grants Management Specialist
Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 7-1091
Rockville, MD 20857

Dear Grants Management Specialist:

Arizona has a long history of implementing significant and innovative initiatives related to integration and care coordination in the provision of services. As of July 1, 2016, the Arizona Department of Health Services, Division of Behavioral Health Services (DBHS) and the Arizona Health Care Cost Containment System (AHCCCS) will merge to fully integrate the implementation and oversight of behavioral and physical care services. The coming together of DBHS and AHCCCS builds a stronger and better informed Medicaid leadership and builds greater awareness of behavioral health services in the Medicaid program.

This merger requires the transition of the oversight of Substance Abuse and Mental Health Services Administration (SAMHSA) grants. As such, I am designating Tom Betlach, Director of AHCCCS, as the signature authority for the Substance Abuse Block Grant (SABG), Projects for Assistance in Transition from Homelessness Grant (PATH), and Mental Health Block Grant (MHBG) as well as for any discretionary grant. This authority includes the signing of any standard federal forms such as Assurances, Certifications and Disclosure of Lobbying Activities and shall have such authority during my term as Governor of Arizona. In addition, I am designating Director Betlach as the Single State Authority (SSA) for Arizona.

If you have any questions, please contact Kelly Charbonneau, Division of Health Care Management at (602) 364-1356.

Sincerely,

Douglas A. Ducey
Governor
State of Arizona

1700 WEST WASHINGTON STREET, PHOENIX, ARIZONA 85007

602-442-4331 • www.azgovernor.gov

Arizona Health Care Cost Containment System
Division of Health Care Management
CFDA 93.150 RFA No. SM-17-F2

Section A: Executive Summary

The Arizona Health Care Cost Containment System, Division of Health Care Management AHCCCS/DHCM) provides Project for Assistance to Transition from Homelessness (PATH) funds to contractors who serve as a point of contact for food, clothing, water, blankets, shelter and other basic living skills individuals in order to reduce homelessness. PATH funding is critical in creating linkages with the behavioral health crisis system, providing assistance with enrollment into the behavioral health system, obtaining medical records, picture ID and social security cards. PATH funding also allows for affordable housing options and conducting outreach and in-reach to adults age 18 and over who are chronically homeless and have an SMI diagnosis.

Organizations	Organization Type	PATH Funds to Organizations		Service Area	Estimated Number of Persons to be Contacted	Number of Persons to be Enrolled
Community Bridges Inc.	Community Mental Health Center	\$710,844 (Federal)	\$248,230 (State)	Maricopa County	3100	1275
La Frontera	Community Mental Health Center	\$275,775 (Federal)	\$95,926 (State)	Pima County	500	400
Good Neighbor Alliance	Shelter or Other Temporary Housing Resource	\$58,188 (Federal)	\$17,812 (State)	Cochise County	220	36
Catholic Charities	Social Service Agency	\$55,234 (Federal)	\$19,406 (State)	Coconino County	875	50
Catholic Charities	Social Service Agency	\$72,228 (Federal)	\$23,378 (State)	Yavapai County	875	55

**Arizona Health Care Cost Containment System
Division of Health Care Management
CFDA 93.150 RFA No. SM-17-F2**

Catholic Charities	Social Service Agency	\$122,606 (Federal)	\$43,078 (State)	Mohave County	1250	70
AHCCCS	State Agency	\$ 53,953 (Federal)	\$0 (State)	Statewide	0	0
Total		\$1,348,828 (Federal)	\$449,830 (State)			

II. Executive Summary

3. Intended Use Plans

Expenditure Period Start Date: 07/01/2017

Expenditure Period End Date: 06/30/2018

The state can either enter all the IUPs and associated budgets as in prior years, or they may allow IUP users to enter their own information into WebBGAS. For more information on allowing IUP users to enter their own details, please see the tutorial under the Training Tab in WebBGAS that instructs states and IUP providers on this new process.

Primary IUP Provider	Provider Type	Geographic Service Area	Allocations	Matching Funds	Estimated # to Contact	Estimated # to Enroll	# Trained in SOAR	# Assisted through SOAR
Catholic Charities	Social service agency	Coconino County	\$250,068	\$87,862	3,000	175	3	43
Community Bridges Inc.	Community mental health center	Maricopa County	\$710,844	\$248,230	3,100	1,275	11	17
Good Neighbor Alliance	Shelter or other temporary housing resource	Cochise County	\$58,188	\$17,812	220	36	3	6
La Frontera	Community mental health center	Pima County	\$275,775	\$95,926	500	400	3	9
Grand Total			\$1,294,875	\$449,830	6,820	1,886	20	75

* IUP with sub-IUPs

Footnotes:

Catholic Charities serves three counties in Arizona (Mohave, Coconino, Yavapai) for PATH services. The Geographic Service Area in Table 3, Intended Use Plan, only allows for one county to be listed for that field. The information contained on that row includes all three counties.

1. Catholic Charities

2101 North Fourth Street

Flagstaff, AZ 86001

Contact: Darel Reynolds

Contact Phone #: 928-308-5128

Has Sub-IUPs: No

Provider Type: Social service agency

PDX ID:

State Provider ID:

Geographical Area Served: Coconino County

2. Community Bridges Inc.

1855 West Baseline Road, Suite 101

Mesa, AZ 85202

Contact: Vicki Helland

† Phone #: 480-831-7566

Has Sub-JUPs: No

Provider Type: Community mental health center

PDX ID:

State Provider ID:

Geographical Area Served: Maricopa County

**Projects for Assistance in Transition from Homelessness (PATH)
2017/2018 Intended Use Plan
Community Bridges, Inc., Maricopa County**

Local Provider Description

Community Bridges, Inc. (CBI) is a private, 501(c)(3) nonprofit organization founded in 1982 that provides a full continuum of the highest quality substance abuse and mental health treatment, lifesaving interventions, support for women and children, homeless outreach, prevention and education. CBI provides comprehensive, medically-integrated behavioral health programs that include prevention, education, and treatment services using cutting edge, nationally recognized treatment models. CBI operates 29 programs throughout Arizona all of which are licensed by the Arizona Department of Health Services-Division of Licensing Services. All of CBI's prevention and clinical programs received accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF).

CBI's mission is to maintain the dignity of human life and be an agent of positive change in our communities. Services include crisis behavioral health care, medical detoxification, community psychiatric emergency care, transitional support, co-occurring enhanced outpatient treatment, homeless outreach and navigation services, transitional and permanent supportive housing for women and families, rapid rehousing (RRH) and permanent supportive housing (PSH) for chronically homeless individuals, community education and outreach.

Since 2004, CBI has accumulated a wealth of experience providing outreach, peer support, housing placement and/or housing retention support to the homeless population in the Valley as represented by this sample of our programs:

Project H3 Vets: CBI has provided peer navigator services for Project H3 VETS since its inception in 2011. Originally, a team of thirteen Navigators worked with community agencies such as the Veteran's Administration to provide navigation services for 225 veterans through Project H3 Vets. The program achieved a 92% housing retention rate. Project H3 Vets is a special initiative developed by the Arizona Coalition to End Homelessness (AZCEH) to apply the skills and lessons learned from AZCEH's Project H3: *Home, Health, Hope* to ending chronic homelessness among veterans. Project H3 Vets received national recognition as Phoenix became the first city in the nation to reach functional zero for ending chronic homelessness among veterans. Currently, CBI has six H3 Vets Navigators funded by Valley of the Sun United Way, five assigned to Phoenix and one assigned in Mesa. Project H3 Navigators maintain an average case load of twenty participants per Navigator. Some of the Veterans are at different stages with their housing stability and thus require less frequent contacts. The CBI team is working with Mayor Giles in Mesa on his initiative to raise funds for the Housing for Heroes program.

Project H3 VETS uses the HUD-VASH Veterans Affairs Supportive Housing program to provide permanent housing and supportive services, which includes case management, social support, and mental health services to chronically homeless Veterans. CBI will use its existing connections to the service providers serving veterans such as the Arizona Coalition to End Homelessness, Cantwell Anderson, U.S. Vets, and MANA House, in addition to other community providers such as Arizona Housing Inc.

**Projects for Assistance in Transition from Homelessness (PATH)
2017/2018 Intended Use Plan
Community Bridges, Inc., Maricopa County**

Maricopa County Men's Overflow Shelter (MOS): Since October 2014, CBI has provided peer navigation services to house 46 homeless individuals from the MOS through a rapid re-housing contract with Maricopa County. CBI actually housed 101 homeless men from the MOS. Eighty-five percent of the 86 participants who exited the program had positive exits to permanent housing. CBI continues to provide navigation services to assist participants in maintaining their housing. Especially noteworthy is that CBI was able to mobilize its staff and resources to house the first 46 participants in just eight weeks so that the County could expend HUD funding that would otherwise have been lost to the community. CBI is currently under contract until June 30, 2017 and is working with a caseload of 15 participants from the Men's Overflow Shelter, most of whom have now transitioned to paying their own rent or moved to longer term permanent supportive housing since the MOS is closing. Currently, the MOS is temporarily operated out of St. Vincent de Paul where CBI has a crisis transition navigator stationed at night to connect referrals into CBI's programs including PATH.

Starting July 1, 2017, CBI begins a similar rapid rehousing/navigation contract with Maricopa County specifically targeted to the East Valley.

City of Mesa Homeless Navigator: Since FY 11/12, the City of Mesa has funded a fulltime Peer Navigator to identify and engage the most medically vulnerable homeless individuals living on the streets in Mesa. The program began as part of Mesa's implementation of Project H3. In November 2015, the City executed a contract with CBI for 10 units of tenant-based rental assistance to house non-veteran homeless individuals. Currently, six of the ten individuals housed through this program are in the 60's and living on social security or other benefits. In FY 16/17, Mesa also funded an Outreach Navigator to be stationed at Paz De Cristo Community Center. In mid-November 2016, the City of Mesa added funding for a Downtown Navigator to work with businesses and address homeless issues along the light rail in Mesa.

Veteran Connect: The City of Phoenix awarded CBI a Veteran Connect grant that adds two Navigators to work with 30-40 Veterans from the By Name List. The Navigators will also be working to locate and assist with determining eligibility for 220 Veterans on the current By Name List.

Supportive Housing Program- In collaboration with Mercy Maricopa Integrated Care (MMIC), CBI provides supportive services to individuals designated with a serious mental illness and in need of additional support. Navigators coordinate with SMI clinics, Case Managers, and provide independent living skills, and transportation. The purpose of the program is to increase housing stability and decrease reliance upon crisis systems of care. Currently, the program serves 65 SMI individuals.

Peer Support Recovery Program: In 2007, CBI implemented the SAMHSA-funded Peer Support Recovery Program (PSRP), which focused on the use of peer support to engage chronically homeless individuals with substance use and behavioral health needs. This program has continued to evolve and has resulted in the placement of CBI peer support staff at several key locations that serve the homeless, including: Central Arizona Shelter Services, Lodestar Day Resource Center, the Human Services Campus and Steele Commons. The Peer Support Recovery Program has had

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success in engaging homeless individuals and establishing relationships with Peer Support Specialists.

Locations:

Central City Addiction Recovery Center, 2770 E. Van Buren Street Phoenix, Arizona 85008
East Valley Addiction Recovery Center, 560 S. Bellview, Mesa, Arizona 85204
West Valley-Access Point & Transition Point, 824 N. 99th Avenue, Avondale, AZ 85323
East Valley Community Psychiatric Emergency Center, 358 E Javelina Ave, Ste 101, Mesa, AZ 85210
Arizona Bridge to Recovery (ABR), 554 S. Bellview Mesa, AZ 85204

CBI also co-locates staff at these facilities:

Central Arizona Shelter Services (CASS) 230 S. 12th Avenue, Phoenix, AZ 85007
Healthcare for the Homeless 220 S. 12th Ave, Phoenix, AZ 85007
Circle the City 333 W. Indian School Rd Phoenix, AZ 85013
Arizona Housing Inc, 209 W. Jackson, Phoenix, AZ 85003
North 17 Apartment Complex 9601 N. 17th Ave, Phoenix, AZ 85021
Collins Court Apartment Complex 10421 N. 33rd Ave, Phoenix, AZ 85051
Victory Place Apartment Complex, 850 E. Jones, Phoenix, AZ 85040
St. Vincent de Paul Low Demand Shelter, 1075 W. Jackson St., Phoenix, AZ 85007
Downtown Phoenix Association (4 hours/week)
Downtown Mesa Association, 100 N. Center St., Mesa, AZ 85201 (co-locates Downtown Navigator)

CBI's PATH grant will be allocated in Maricopa County. For the period of July 1, 2017 through June 30, 2018, CBI will receive \$248,230 in State funds and \$710,844 in Federal funds, a total grant of \$959,074. PATH grant funds will support the continued operation of the PATH Outreach Team. The team is comprised of nineteen members (18.5 FTE) including 1 PATH Program Manager, 1 PATH Supervisor, 10 PATH homeless outreach navigators, 3 PATH Case Managers, 2 Emergency Medical Technicians (EMT), 1 Behavioral Health Clinician, and .5 FTE Clinical Lead. The PATH Outreach team will conduct assertive community outreach in assigned regions within Maricopa County. The target population is individuals who are homeless or at-risk of homelessness, and have a serious mental illness or co-occurring disorder.

Collaboration with HUD Continuum of Care Program

CBI participates extensively in the Maricopa County Continuum of Care (CoC). The Director of Peer Support and Outreach Services serves as a member of the CoC Planning Committee and attends the Standing Strong for Families planning group. The Director serves on the Arizona Coalition to End Homelessness Board of Directors as well, where she is involved in advocacy and legislative efforts to address homelessness. The PATH project works with the Tempe Coalition, a group of Tempe homeless providers working to address homelessness in Tempe.

The PATH Manager serves in a leadership position with the Arizona Street Outreach Collaborative, is a member of the CoC Data Subcommittee, and participates in the Coordinated Entry Provider

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Collaborative and the monthly HMIS meeting. He is also a Motivational Interviewing trainer, a SPDAT trainer, and the local lead for Maricopa County for the SOAR program. In his role with SOAR, he works with case managers throughout the system to increase access to the SOAR program, as well as participates in national webinars to stay current with the latest information about SOAR. CBI has been a large contributor of outreach teams during the Maricopa County annual point-in-time homeless count and will continue to provide numerous outreach teams for this effort in 2018.

CBI's Navigators are trained to use the VI-SPDAT and full SPDAT assessment tools. In FY 17/18, the PATH program manager will be meeting with the Lead Operating Agency to discuss the implementation of further interrater reliability measures to ensure consistent and accurate scores. CBI has worked extensively to support and expand access to the Coordinated Entry system at the Human Services Campus by including access through the PATH teams for those homeless individuals who are unable or unwilling to use the Human Services Campus, and through all of CBI's crisis facilities using navigators from its Comprehensive Community Health Program (CCHP) to conduct a VI-SPDAT assessment.

Collaboration with Local Community Organizations

CBI's PATH outreach team works with an extensive network of organizations to provide a continuum of services that address mental health, substance abuse, physical health, housing, support services, and employment, etc. CBI's collaboration includes the following:

- CBI is co-located at Healthcare for the Homeless where psychiatric care, substance abuse, medical care, and counseling services are provided to homeless individuals in need. One Case Manager, EMT, Counselor, Nurse Practitioner, and Peer Support Transition Navigator work with the Health Care for the Homeless program and link participants to the PATH program when needed.
- CBI is co-located at the Central Arizona Shelter Services (CASS), the Human Services Campus to provide outreach and engage individuals experiencing a substance abuse or mental health crisis. Currently, CBI has one case manager and five EMT's serving at the CASS shelter and one Navigator at the Human Services Campus welcome center. The EMT's at CASS provide 24/7 coverage, consult with Triage RN's on appropriate level of care transfers, and can link participants to hospitals when needed.

In addition, CBI's PATH team works on-site at the Phoenix Rescue Mission every Friday to accept referrals and provide screenings for the PATH program. PATH team staff locate at St. Vincent de Paul in Mesa on Tuesdays also for screening eligible individuals for PATH services.

- CBI is a general mental health/substance abuse provider in Maricopa County. CBI operates the East Valley Community Psychiatric Emergency Center (CPEC), and the West Valley Access/Transition Point facilities, which are designated for crisis triage services and stabilization. These facilities are staffed with Nurse Practitioners, RN's, Behavioral Health Counselors, EMT's, and Peer Support staff. The facilities provide 24/7 access to psychiatric bridge scripting, psychiatric evaluations, behavioral health and substance abuse triage, and serve

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as an access point to the crisis system. These programs provide referrals to the PATH program via a dedicated email distribution.

CBI also operates Central City and East Valley Level-1 sub-acute medical detoxification programs. These programs provide 24/7 access to address substance abuse issues.

- CBI works closely with numerous cities to provide outreach in specific communities. CBI staff conduct outreach in Tempe parks and other community locations with the Tempe police. In Phoenix, CBI works with the police and the Neighborhood Services Department to provide outreach to numerous community locations including homeless campsites found in the community. In FY 17/18, CBI begins a new contract with the City of Phoenix to provide four outreach teams consisting of seven certified Peer Support Specialists (Navigators) and one Emergency Medical Technician to conduct intensive street outreach and engagement within the City of Phoenix.

In Mesa, CBI has one fulltime Navigator to provide street outreach and link vulnerable, high acuity homeless individuals to housing and other services. The City also funds one fulltime Navigator to co-locate with the Downtown Business Association and provide navigation services in the downtown and along the light rail. The PATH team does targeted outreach at night with the Downtown Mesa Navigator and the Mesa Police. In Gila Bend, the PATH team works with the Community Action Program staff to outreach in the community. CBI also provides monthly outreach in Gila Bend. In Peoria, the PATH team works with the Peoria Police Department on outreach for special events at the Peoria sports complex and receives frequent referrals for jail diversion.

In addition, CBI provides mobile outreach teams in the East and West Valley and a Crisis Response Team in Phoenix. Much of their work is responding to request for assistance from police, fire, and hospitals in these communities. When time allows, these units conduct street outreach in community areas where homeless individuals are often found. The mobile outreach teams connect individuals to the PATH team when appropriate.

- CBI is an active participant in the Valley of the Sun United Way Project Connect program. PATH Navigators meet with homeless individuals to identify eligible candidates for PATH services.
- The Mental Health Guild meets with the CBI PATH team members to provide hygiene kits and clothing supplies for homeless individuals.
- CBI also works with its existing network of housing providers serving veterans such as Cantwell Anderson, U.S. Vets, and MANA House, as well as other affordable housing providers such as Arizona Housing, Inc. and private market landlords that have a working relationship with Community Bridges. For those participants determined as SMI, CBI works with ABC Housing for housing and eviction prevention and connects the participant to Mercy Maricopa Integrated Care (MMIC) for supportive services.

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CBI operates several programs that provide long term support for homeless individuals, both SMI and general mental health. Through CBI's internal referral system, the PATH team receives and refers participants to these programs, based on the best fit for the participant. For example, CBI operates rapid re-housing housing and permanent supportive housing programs in Phoenix and Mesa for Veterans and non-Veterans.

CBI's Assertive Community Outreach Team (ACT) and the Forensic Assertive Community Outreach Team (FACT) deliver a full range of services including life skills, housing, employment, health care, treatment, medications, help managing finances, and benefits for seriously mentally ill participants. ACT's goal is to give patients adequate community care to support living independently in the community. CBI ACT team has mutual expectations between the team and its patients that are met collaboratively. These expectations include face to face engagements at least four times per week, creating and developing support systems, maintaining home visits, all in an effort to help identify and work towards patient goals. CBI facilitates three FACT and one ACT teams.

CBI's Comprehensive Community Health Program (CCHP) provides intensive services to the highest risk patients in the general mental health/substance abuse (GMH/SA) population. This program is a unique approach to providing services to a population that has traditionally been underserved and tends to receive their ongoing care through crisis services. The program takes an integrated care approach, which consist of highly trained and skilled peer navigators, behavioral health professionals, and medical staff to meet the intense needs of the highest risk GMH/SA patients in the community.

Service Provision

The PATH Outreach Navigators will work in conjunction with EMT's to conduct intensive street outreach and engagement. CBI divided the county into four quadrants and assigned teams to cover each geographically defined area. The PATH teams work in teams of two when conducting street outreach. One Navigator is assigned when conducting in-reach within a facility. At times, an EMT may be assigned without a Navigator when working with police to conduct street outreach. Outreach teams will work a staggered shift schedule to maximize availability during peak times for engaging homeless individuals – early morning and late evening.

PATH teams use a variety of methods for outreach and engagement. Teams identify the densely populated areas of homelessness such as river bottoms, parks, streets, bridges, and industrial zones and determine if outreach will be on foot or mobile. CBI will partner with police if a more targeted approach is needed. PATH Outreach teams employ the use of water during summer months and blankets during the winter. Teams may provide other assistance during outreach such as bus passes or transportation assistance as a means to connect homeless individuals to resources or attend designated appointments or services. The PATH program budget includes \$5,202 for bus passes, foot wear, sun protection, and assistance in obtaining identification(s).

CBI's Navigators will use skills such as motivational interviewing and assertive outreach with a housing first, harm reduction approach to serve the target population. The Housing First model

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seeks to place individuals in permanent housing as quickly as possible without making access to housing contingent upon conditions such as sobriety or employment, or their willingness to participate in a predefined set of services. Central to the Housing First approach is the tenet that support services including behavioral health and management of chronic health conditions as well as other social services can be more effective when people are in stable housing first. Harm Reduction is an approach to addressing drug and alcohol abuse aimed at reducing the harm associated with substance use. Harm reduction includes a range of outcomes from safe use to managed use to abstinence. The approach recognizes that individuals proceed through the stages of recovery at their own pace and that interventions should be tailored to the specific recovery stage of each person. Harm reduction incorporates the goals and motivations of the individual and provides services and resources in a non-judgmental, non-coercive way.

Motivational interviewing (MI) is a counseling style designed to help individuals explore their motivation and commitment to change. The MI approach involves engaging in collaborative, egalitarian interactions with individuals as peers rather than an expert giving advice and information to a participant. MI affirms an individual's right to and capacity for self-direction.

Assertive Outreach involves meeting individuals in non-traditional settings, which essentially means going to where they are rather than waiting for them to come to a specific location for services. A second element of assertive outreach is engagement defined as the process of building a trusting relationship with individuals to facilitate their access to needed services. The purpose of assertive outreach is to reach people where they are both geographically and emotionally (i.e. meeting their need for connection, reassurance and support). A connection with a caring human being, not just tangible resources, is necessary to overcome the sense of alienation often present with people who are chronically homeless.

Taken together, these four evidence-based practices have proven effective in reaching hard to serve adults who are homeless and have substance abuse, mental health, and chronic health conditions. Adults who are chronically homeless often have a mistrust of service providers and are reluctant to make contact.

Upon establishing a relationship, the Navigator will conduct an initial assessment using the Vulnerability Index and Service Prioritization Decision Tool (VI-SPDAT). This is the approved assessment tool for the Maricopa County Continuum of Care coordinated entry system. Based on the results of the VI-SPDAT assessment, an appropriate housing intervention is determined. In addition to the VI-SPDAT, the PATH team uses the PATH intake screening tool to ensure appropriate enrollment for the PATH program.

Once the participant expresses interest in accessing services and signs a release of information (enrolled), the Navigator works with the participant to create a comprehensive case plan, which is updated at least every 90 days or more frequently as goals are achieved and new goals are added. PATH Outreach Navigators assist individuals who are part of the target population to meet basic needs, access treatment services provided by CBI or other community providers, as well as other community services such as shelter, housing, health care, employment, mainstream benefits (i.e. food stamps, disability benefits as appropriate), representative payee services, recreational and

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socialization opportunities. A key part of the process is referring participants to the Crisis Response Network (CRN) for an SMI-determination evaluation.

Daily and weekly staffing with a multidisciplinary team that includes a Behavioral Health Professional provides an additional level of participant support. A behavioral health medical practitioner will participate in the staffing to provide medical oversight and psychiatric evaluation and medication services with an emphasis on screening for SMI eligibility.

Leveraging PATH Funds

CBI's PATH budget is allocated almost entirely for PATH team staff salary and employee-related expenses and the necessary operating costs such as vehicles, phones, HMIS licenses, and office rent. About 1% of the budget is allocated for outreach supplies such as sun and foot protection, bus passes, and costs to obtain identification, as well as housing assistance. CBI leverages all other services used to support PATH participants from other CBI programs and community sources including behavioral health and medical services, rapid rehousing and permanent supportive housing.

Gaps in Current Service System

CBI's PATH program has experienced three specific gaps in the current service delivery system.

First, the process of obtaining an SMI determination for participants who have a co-occurring mental health and substance abuse disorder is extremely difficult. To receive an SMI determination, the participant must be sober to be evaluated properly. Typically, the evaluation is completed within 30 days or less. For participants with potential co-occurring diagnoses, the evaluator will often extend the period for an additional 90 days. However, until there is a determination, housing resources are limited. The inability to access housing before an SMI evaluation is completed makes it difficult for the participant to maintain sobriety. In FY 16/17, CBI referred 131 participants for an SMI eligibility determination. Sixty-three (48%) have been approved and 62 (47%) were denied. Six determinations are still pending. In addition, the PATH team reconnected 78 participants who already have an SMI determinations, but were not working with their clinical providers back to their services.

The number of participants referred for SMI determination evaluations is fewer than last year (131 compared to 464), but the percent of denials decreased by 10% from 58% last year to 47% this year. Last year, the majority of denials were based on the existence of substance abuse or lack of general mental health treatment. In the upcoming year, CBI proposes to expand the scope of the PATH Behavioral Health Clinician to complete the full bio-psycho-social intake assessment rather than referring the participant internally to another CBI practitioner. This will expedite the participant's entry into general mental health services, which will then accelerate our assessment of whether to refer the participant for an SMI-determination evaluation. By addressing the general mental health issues up front and generating better referrals to the Crisis Response Network, CBI hopes to mitigate some of the difficulty in evaluating participants with co-occurring diagnoses for a possible SMI diagnosis.

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Second, CBI has worked intensively with the Coordinated Entry system to expand the number of approved coordinated entry access sites to more locations. Until recently, PATH participants could only access CoC housing resources through coordinated entry located at the Human Services Campus in downtown Phoenix. This presented a significant barrier for some participants based on Maricopa County's expansive geographic size alone. However, some participants are unwilling to go the campus possibly due to previous experiences or the impact of their mental health issues. CBI negotiated a memorandum of understanding (MOU) for a six-month pilot program to include the PATH teams as approved access points for the coordinated entry system. And, CBI will be expanding this pilot to include all of CBI's crisis facilities using navigators from its Comprehensive Community Health Program (CCHP) to conduct a VI-SPDAT assessment. However, coordinated entry still remains a potential problem. Unless participants have a high acuity and have lived a considerable length of time on the streets, they will be low on a very long waiting list for rapid re-housing and/permanent supportive housing.

Finally, data tracking with HMIS uncovered mapping issues and difficulties with capturing data. CBI's PATH Manager made significant progress working with Community Information and Referral (CIR) to resolve these issues and improve PATH reports; however, we understand that the data will be changing again in this next fiscal year, which could impact the improvement already implemented and create new data issues.

Current Services for Participants with Co-occurring Diagnoses

CBI's system of care is licensed as co-occurring enhanced. PATH team members receive support from the entire CBI system of care, which includes outpatient services (behavioral health and medical services) and facility-based crisis services that are available 24/7/365. Also, CBI's ACT and FACT teams, supportive housing program in collaboration with MMIC for participants with SMI, medical detox services, medication-assisted treatment, and counseling services all are available for participants served by the PATH teams.

For participants who need psychiatric medications, the PATH Outreach Navigators coordinate internally and transport patients to the PATH team psychiatric practitioner, or a CBI Access Point, where they will see a Psychiatrist or Psychiatric Nurse Practitioner. Participants will receive a full assessment and bridge script to meet their immediate needs. Based on the assessment and psychiatric evaluation, CBI will refer the participant for an SMI eligibility determination, preferably within 90 days of contacting the individual. For those participants who do not have an SMI eligibility determination within 90 days, the PATH Navigators will continue with active outreach and engagement efforts for up to six months.

CBI supports consumer choice in its work with participants. As such, some PATH participants choose to receive their behavioral health services through other providers such as Terros, Southwest Behavioral Health, or Lifewell.

PATH team Case Managers assist with the follow-up activities for SMI determinations, eligibility verification, coordination with the other providers, and adult clinical teams. If a participant needs behavioral health services, the PATH Navigator and/or Case Manager will coordinate internally with

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their CBI counterparts to enroll the participant in an existing behavioral health program or refer to another provider the participant chooses. Active engagement in behavioral health services is the best way to limit potential crisis episodes. PATH Case Managers assist with completion of AHCCCS applications in Health-E Arizona, and Social Security benefits (SOAR). PATH Case Managers also conduct in-reach at designated co-located sites.

The PATH team follows the same process for medical conditions to limit the possibility of a medical emergency. If the PATH Outreach Navigator finds that the participant has existing medical issues that have not been addressed, or been assessed in some time, he/she will coordinate with the participant's Primary Care Physician (PCP) and/or coordinate internally with a CBI Physician or Family Nurse Practitioner to provide assessment and medical treatment as needed. In addition, participants receive medical and behavioral health services through Health Care for the Homeless.

CBI's Navigators are trained in techniques to build rapport, engage, and redirect participants to prevent a crisis and to recognize when participants may be a danger to self or others. When a crisis does occur, program participants, or their families, can reach the on-call PATH navigator through the PATH on-call number available 24/7 for after hour emergencies. PATH Outreach Navigators can contact CBI's mobile outreach teams (one in East Valley, one in West Valley, and one in Phoenix) 24/7, 365 days per year for response to crisis situations or when the participant may be a danger to self or others. Mobile outreach teams, staffed with a Peer Support Specialist and an EMT, are connected to a Triage RN for clinical support. Both a Medical Physician and a Psychiatrist are on-call 24/7 to assist the Triage RN when needed. The mobile outreach team can conduct a baseline medical assessment and transport the participant if he/she needs to enter one of CBI's facilities for assessment, triage, and follow up care. Working with the Clinical Lead, the PATH Outreach Team is skilled in the petitioning process when issues such as danger to self or others are present. The mobile outreach team working with PATH navigation helps manage the immediate crisis by getting the participant to the most appropriate level of care, and reduces the impact on the crisis system overall (e.g., hospitals, fire, police and urgent psychiatric care).

CBI maintains written policies for significant events reporting and incident review. A supervisor is on-call 24/7 and is notified immediately. The supervisor must notify the Chief Operating Officer immediately. Any incident where the police are called or the participant is a danger to self or others is reviewed by the Quality Management and the Utilization Management Divisions. The results are reviewed by the managers and clinical oversight.

Supports Evidenced-based Practices and Training

The common thread for the four evidence-based practices used by Navigators – Harm Reduction, Housing First, Motivational Interviewing, and Assertive Outreach and Engagement - is the focus on developing trusting and respectful relationships that honor the unique identity and experiences of the people served. CBI serves all individuals in a dignified manner. CBI draws on its expertise and diverse staff to ensure that all services are targeted towards the underrepresented/underserved and are provided in an environment of respect and dignity for all. CBI uses assessment tools that are adapted from American Society of Addiction Medicine (ASAM) as well as standardized assessments to assess the whole person for any needs related to substance use, mental health and physical health.

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At CBI, a Peer Support Specialist (Navigator) is a Credentialed Behavioral Health Technician (CBHT), who meets one of the following minimum levels of qualification:

- Has a master's degree or bachelor's degree in a field related to behavioral health,
- Is a registered nurse, is a physician assistant who is not working as a medical practitioner,
- Has a bachelor's degree and at least one year of full-time behavioral health work experience;
- Has an associate's degree and at least two years of full-time behavioral health work experience,
- has a verified general equivalency diploma (GED) or high school diploma *with a minimum of 2 years of mixed behavioral and physical health work experience and/or 2 years of substance abuse/mental health recovery oriented service*. Recovery oriented service experience will be verified whenever possible however respect must be paid to confidential aspects of different community resources who are based in anonymity. Must also have completed 160 hours of behavioral health, substance abuse or physical health training post high school education or via continuing education units through on-line learning management systems, college courses or conferences and seminars.

CBI's Navigators are individuals who have personal histories in recovery from substance abuse and mental health disorders, and many also have been homeless. All of CBI's Navigators complete a peer support certification program that includes 106 hours of training to develop skills such as motivational interviewing, assessment and triage, ASSIST suicide prevention, cultural competency, boundaries and ethics, blood borne pathogens, mental illness, substance abuse, and patient care planning. Their education is enhanced through monthly clinical oversight and weekly team meetings. Navigators also complete community-based trainings on topics related to homelessness and recovery such as Housing First, Case Management, HMIS initial certification and annual refresher courses, VI-SPDAT, and SOAR. All Navigators are SOAR trained and equipped to help others apply for benefits. As mentioned, the PATH Manager is the State lead for the SOAR program.

In addition, each Navigator must complete continuing education and clinical supervision regardless of professional level or certification. The following are required to be completed by the Arizona Administrative Code:

- **American Heart Association CPR and First Aid** – renewed annually for Maricopa County staff.
- **Handle with Care** – Renewal every 6 months for Maricopa County staff.
- **Cultural Competency** – Live class first year of employment. Annual renewal via Essential Learning.
- **T/RBHA Training Requirements** – Must meet all requirements for training and education courses as prescribed by designated T/RBHA service area within required timelines.
- **Professional Continuing Education** – 24 Hours annually and as outlined in Title 4 Chapter 6 of the Arizona Administrative Code.
- **Additional Professional Continuing Training:** - As outlined in Community Bridges annual agency-wide Training Plan

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- **Certified Peer Support Specialist** – All Peer Support Positions must be a Certified Peer Support Specialist via the Community Bridges training program within 120 days of hire.
- **Clinical Supervision** - 1.0 hour for every 40 hours worked *Independent and Non-Independent will develop a clinical supervision plan with their direct and/or clinical supervisor. Must meet the criteria outlined in A.A.C. R4-6-210, 211, and 212 in addition to A.A.C. R-4-6-403, 404, 503, 504, 603, 604, 705, and 706 as applicable to the employee's license.

In addition, CBI attempts to stay current with the latest developments and trends in working with the homeless population to end homelessness by attending national and state conferences and relevant training. The FY 17/18 renewal budget includes funding to send three staff members to the National Coalition to End Homelessness annual conference in Washington D.C., two staff members to attend the next Org Code training called Street Outreach to Housing (location to be determined, the last training was in Nashville, Tennessee), and 15-17 staff members to attend the Arizona Coalition to End Homelessness State Conference typically held in Phoenix.

Justice-Involved Participants

In FY 16/17, CBI added a question to the PATH screening tool asking participants whether they had been involved in the criminal justice system (defined as having any jail time in their history). This will help us improve identification of the justice-involved population. In FY 16/17, 156 clients were identified to have criminal justice involvement either through probation/parole, Police Department referral, or criminal background.

Currently, CBI coordinates with the Maricopa County jails to provide PATH Navigator services for re-entry support for those with behavioral health and/or substance use issues. Correctional Health Services stationed in the jail identifies individuals with substance abuse/mental health issues who are ready for discharge and contacts CBI for transport so the individuals are not discharged to homelessness. CBI transports the individuals from the jail to the West Valley Access and Transition Point for triage, assessment, and transition to follow up care. In FY 16/17, CBI performed 93 jail transports. Those individuals who have a serious mental illness are linked back to services through their current provider. If individuals are not receiving sufficient care through their current providers, the PATH team refers participants to CBI's SMI permanent supportive housing supplemental services team. If needed, the PATH team can advocate with the clinic for the participant to be referred to any (not just CBI's) Assertive Community Outreach (ACT) team.

CBI also collaborates with local police departments to conduct outreach for jail diversion. Police and the PATH team conduct joint outreach to encampments or other public places where homeless street activity is prominent. The PATH team attempts to engage the homeless individuals and attempts to gain the individuals' agreement to transport to West Valley Access & Triage, a homeless shelter, or a recovery home in hopes of diverting the situation from arrest. If the outreach is not successful in gaining the individual's consent for transport, the police return at a later date without the PATH team and make the arrest. CBI has worked with police in Phoenix, Mesa, Tempe, Peoria, Avondale, and Glendale.

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Data

PATH Team staff enter all PATH participant information into the Homeless Management Information System (HMIS). All PATH Navigators receive an HMIS license, which requires them to complete initial training before receiving a license. PATH team staff complete refresher training at least annually to remain a licensed user and complete frequent web-based trainings throughout the year. The PATH staff meet with an HMIS staff representative twice annually to discuss follow up on user issues.

For PATH participants needing a higher level of clinical care (i.e., medical detoxification, crisis stabilization, psychiatric stabilization, etc.), CBI creates an electronic health record (EHR) in its NextGen system, which is used for coordination of care across CBI's system of care. NextGen is certified through the Office of National Coordinator's EHR certification program.

The PATH Manager conducts weekly data reviews based on the HMIS reporting tool and the PATH data quality report. This allows management to assess the accuracy of documentation. The information gleaned from report reviews is shared with staff during the weekly team meetings, and serve as opportunities for growth and development.

SSI/SSDI Outreach, Access, Recovery (SOAR)

Currently, eleven of thirteen (85%) PATH team staff have completed SOAR training. Two staff are new and are in the process of completing training. In FY 17/18, two more staff will be added that need SOAR training (15 total to be trained). The 15 staff that assist with SOAR applications include the 3 case managers, 10 navigators, and 2 supervisory positions.

Currently, there are 17 participants active in the SOAR process. Of these, three have been approved, one has been denied, and two are pending. All of these have been received since March 2017 when the PATH program adjusted its staff assignments to increase the number of participants referred for SOAR. The average time for approval is 111 days. For all of FY 16/17, 9 applications have been submitted to the Disability Determination Specialist (DDS). Five applications (56%) have been approved, 3 (33%) are pending, and one (1%) was denied.

In March, the PATH Program Manager assigned one case manager to act as the point person and specializing in developing SOAR applications. All other staff assist by prescreening and referring participants for SOAR and assisting with gathering the documentation needed to submit an application to the DDS. From March through June 2017, staff referred 19 prescreened participants for a SOAR application and the case manager accepted 16 as active SOAR applicants. Six of these 16 have been submitted to the DDS and the case manager is completing the applications on the remaining 10. Of the 6 applications submitted, 3 were approved, 2 are pending, and 1 is denied.

Prior to the staff reconfiguration for SOAR (July through February), only three applications were submitted to the DDS, two were approved and one is pending. In just three months with the new approach, the PATH program doubled the number of applications submitted to the DDS, increased the number of active SOAR participants by more than 400%, and exceeded the number of approvals.

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As mentioned previously, the PATH Program Manager is the designated SOAR program lead and is actively involved in working with case managers throughout the system to increase access to the SOAR program, which includes staying current on the latest information about SOAR and meeting with the case managers involved with SOAR to identify issues and develop strategies for increasing the use of the SOAR program.

Access to Housing

As a long-standing leader in substance abuse/mental health services, CBI has developed and maintained relationships with housing providers who offer varied housing interventions. CBI housing partners include U.S. Vets, Cloudbreak Communities (veteran specific), AHI Properties, and ABC Housing. CBI has effectively worked with Transitional Housing programs (MANA House, UMOM, and Center for Hope) as well as emergency shelter (CASS, Watkins, East Valley Men's Center, and Human Services Campus) to serve as interim housing until permanent housing can be obtained. If PATH participants are eligible for housing programs through sub-population qualifiers (i.e. DV Victims, LGBTQ Youth, Veterans, HIV-positive individuals etc.), CBI Navigators will assist participants with the housing application process and the acquisition of necessary documentation for housing specific to these sub-populations. CBI partners with several agencies that serve specific subpopulations such as Native American Connections, one-n-ten, Jewish Family Services, Ebony House, and Chicanos Por La Causa.

Since 2104, CBI has been awarded six contracts for rapid-re-housing and permanent supportive housing that may be appropriate for some PATH participants. In FY 17/18, CBI will manage rental assistance for 35 units of rapid rehousing and 149 units of HUD-funded rental assistance for permanent supportive housing specifically designated for chronically homeless individuals. The PATH team and the coordinated entry system are the key sources of referrals for this housing.

CBI manages programs that work with other housing providers such as the H3 Vets program that works with the Veterans Administration to house Veterans using HUD VASH vouchers, referrals to the provider clinics that have housing dedicated for participants with SMI, referrals to CBI's Comprehensive Community Health Program, or assisting participants on getting added to the section 8 waiting list with local communities and assisting with the application process if selected.

In addition, CBI has formed various linkages with recovery homes that aid individuals with co-occurring diagnoses who wish to address the substance abuse issues. CBI maintains an internal web-based directory of recovery homes and other resources for Maricopa County.

CBI will leverage existing housing partnerships and its own housing contracts to meet the specific needs of individuals engaged with PATH Outreach Navigators. CBI PATH team members will continue to assist those PATH eligible individuals who are in need of move-in assistance or at imminent risk of losing housing.

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Staff Information

CBI uses multiple strategies to ensure cultural competency of services including: a racially/ethnically diverse staff, bilingual staff, access to language assistance services, and partnerships with agencies that provide culturally specific treatment options to refer individuals as appropriate. CBI offers live annual trainings on Cultural Competency, as well as Relias online learning. As part of the Peer Certification program, CBI includes specific training modules on working with veterans, LGBTQ and Native American populations.

CBI staff recruitment and retention policies require equal consideration of all candidates. Bilingual staff who qualify, receive an additional \$1 per hour after they pass a professionally administered language test when these skills are desired for certain job categories (i.e. intake specialists, nurses, counselors, and transition managers). Information is requested about whether the candidate has language skills in addition to English. Also, staff has access to language assistance services including in-person interpreters/translators, telephonic interpretation, video relay services, and any other language assistance service retained by CBI.

In demographic terms, CBI staff is 63% Female and 37% Male; and 51.5% White, 24.4% Hispanic, 7.5% Black, 4.3% Native American, 1.1% Asian, 0.7% Native Hawaiian/Other Pacific Islander, and 6.5% Two or More Races.

# and % of Active Employees	Gender			
	Female	Male	Total	%
Ethnicity				
American Indian or Alaska Native (not Hispanic or Latino)	31	15	46	4.3%
Asian (not Hispanic or Latino)	6	6	12	1.1%
Black or African American (not Hispanic or Latino)	47	34	81	7.5%
Hispanic or Latino	166	97	263	24.4%
Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)	5	2	7	0.7%
Two or More Races (not Hispanic or Latino)	45	28	73	6.5%
White (not Hispanic or Latino)	352	204	556	51.5%
Ethnicity not specified	30	11	41	4.0%
Grand Total	682	397	1,079	100%

Participant Information

From July 1, 2016 through June 13, 2017, CBI's PATH program contacted 3,345 participants including one family with one adult and 4 children. The participants included 2,308 males, 1,024 females, and 13 transgender individuals. Racially and ethnically, 71% identified as white, 18% Hispanic/Latino, 20% black or African-American, 7% American Indian or Alaska Native, 1% Native Hawaiian or Other Pacific Islander, and 1% Asian. In terms of age, 6% 18-24, 21% 25-34, 26% 35-44, 29% were 45-54, 13% 55-61, and 6% 62 or older.

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Based on HMIS data, 88% of the PATH participants identified a mental health condition, 31% identified drug abuse, 18% identified alcohol abuse, 17% had a physical disability, 16% had a chronic health condition, 8% had a developmental disability, and 1% had HIV/AIDS and related diseases. Approximately 59% of participants reported places not meant for human habitation as their residence prior to program entry.

CBI estimates the following outcomes for FY 17/18:

PATH Outcomes	FY 16/17 Actuals	FY 17/18 Estimates
# Contacts (Outreached)	3,345	3,100
# of Contacts – Literally homeless	3,269	3,000
# Engaged	1,329	1,500
# Enrolled	1,128	1,275
# of Veterans	157	150

In the FY 16/17 renewal application, CBI estimated that PATH teams would make 3,000 outreach contacts, 78% or more of these would be literally homeless, and 66% of the literally homeless would engage. We did not have an estimate for the number who would enroll. As shown in the FY 16/17 actuals, CBI exceeded the number of contacts made by 15%, but fell short of the percentage of literally homeless who would become engaged (41% instead of the estimated 66%).

In an effort to increase the quality of our outcomes in FY 17/18, CBI increased the number of individuals to be outreached only slightly over last year's estimate to 3,100 so that the outreach teams would have the ability to make more contacts and increase the percentage of contacts who become engaged to at least 50%. We believe increased contacts combined with the new strategies mentioned in the gaps section will improve the SMI outcomes and the clinical connection for participants. CBI estimate the same ratio of 85% of those engaged will become enrolled.

Consumer Involvement

CBI's extensive use of certified Peer Support Specialists, who by definition are individuals who have personal histories in recovery from substance abuse and mental health disorders, underscores the agencies commitment to involve mental health consumers in its organization. The substantial training requirements completed by certified Peer Support Navigators were described in detail earlier in this document.

In addition, PATH participants are informed fully about the benefits and risks of services at the time they decide to engage with the PATH Outreach team and are free to accept or reject services at any time. If the event participants enter behavioral health services, they are informed fully of their rights as consumers.

CBI embraces the patient-centered philosophy in which the patient is fully involved in their treatment planning process. CBI values the input of PATH family members (with informed consent) as a means to create positive outcomes and build up recipients' protective factors.

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Finally, CBI's West Valley Access/Transition Point is now a Patient-Centered Health Home, which provides primary care, psychiatric and substance abuse services. A Patient-Centered Health Home is a care delivery model where a patient's treatment is coordinated through their primary care physician to ensure individuals receive the necessary care when and where they need it. This is a team-based approach that provides greater accessibility and focuses on quality care and safety. CBI will monitor health-related issues according to Healthcare Effectiveness Data and Information Set (HEDIS). These measures will guide performance on dimensions of care and services. The tracking will allow CBI to tailor treatment and interventions to specialized populations and subpopulations.

Justice Involved

Currently, CBI coordinates with the Maricopa County jails to provide PATH Navigator services for re-entry support for those with behavioral health and/or substance use issues. Correctional Health Services stationed in the jail identifies individuals with substance abuse/mental health issues who are ready for discharge and contacts CBI for transport so the individuals are not discharged to homelessness. CBI transports the individuals from the jail to the West Valley Access and Transition Point for triage, assessment, and transition to follow up care. In FY 16/17, CBI performed 93 jail transports. Those individuals who have a serious mental illness are linked back to services through their current provider. If individuals are not receiving sufficient care through their current provider, the PATH team can advocate with the clinic for the participant to be referred to any (not just CBI's) Assertive Community Outreach (ACT) team. If needed, the PATH team refers the participant to CBI's SMI permanent supportive housing supplemental services team.

CBI also collaborates with local police departments to conduct outreach for jail diversion. Police and the PATH team conduct joint outreach to encampments or other public places where homeless street activity is prominent. The PATH team attempts to engage the homeless individuals and attempts to gain the individuals' agreement to transport to West Valley Access & Triage, a homeless shelter, or a recovery home in hopes of diverting the situation from arrest. If the outreach is not successful in gaining the individual's consent for transport, the police return at a later date without the PATH team and make the arrest. CBI has worked with police in Phoenix, Mesa, Tempe, Peoria, Avondale, and Glendale.

Coordinated Entry

CBI's Navigators are trained to use the VI-SPDAT and full SPDAT assessment tools. In FY 17/18, the PATH program manager will be meeting with the Lead Operating Agency to discuss the implementation of further interrater reliability measures to ensure consistent and accurate scores. CBI has worked extensively to support and expand access to the Coordinated Entry system at the Human Services Campus by including access through the PATH teams for those homeless individuals who are unable or unwilling to use the Human Services Campus, and through all of CBI's crisis facilities using navigators from its Comprehensive Community Health Program (CCHP) to conduct a VI-SPDAT assessment.

Budget Narrative See the attached line item budget and budget narrative.

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Local-Area Provider Intended Use Plans

Local Provider Description- Provide a brief description of the provider organization receiving PATH funds including name, type of organization, region served, and the amount of PATH funds the organization will receive.

Good Neighbor Alliance (GNA) is a community-based 501(c)(3) non-profit organization. GNA operates *Samaritan Station* emergency homeless shelter for men, women, families with children and veterans in Sierra Vista, AZ, the economic and population center of Cochise County. Cochise County, in southeast Arizona along the Mexican border, is 6,169.45 square miles. It is serviced by only 2 homeless shelters and 2 domestic violence shelters. The goal of GNA is to offer shelter and access to services to help stabilize guests, and provide for their most basic needs throughout their transition out of homelessness. For our unsheltered neighbors, GNA provides a shower program three days per week. During the 2016/2017 contract, the GNA/PATH shower program provided 1,306 contacts, an average of 108.5 shower services monthly. The PATH team has taken ownership of the shower program to provide extensive in-reach opportunities. It has been a valuable tool in creating trust and a bridge for our chronically homeless neighbors' familiarity and in-sight to the GNA Shelter. GNA provides all toiletry items, towels, etc. Shower participants are also offered coffee, snacks, fellowship and assistance in identifying resources. Unsheltered neighbors are also invited to the evening meal served at GNA. GNA has been awarded PATH funds from the Arizona Health Care Cost Containment Services/Division of Health Care Management (AHCCCS/DHCM). \$58,188 in federal PATH funds, and \$17,812 in matching state funds, for a total of \$76,000 for the 2016-2017 contract year.

Collaboration with HUD Continuum of Care Program- Describe the organization's participation in the HUD Continuum of Care (CoC) program recipients(s) and other local planning activities and program coordination initiatives, such as coordinated entry and coordinated assessment activities. If you are not currently working with the Continuum of Care (CoC), briefly explain the approaches to be taken by the agency to collaborate with the local CoC in the areas where PATH operates.

Good Neighbor Alliance has been active member of the Arizona Balance of State Continuum of Care (BOS-COC) for over 14 years. Locally, the Executive Director of GNA has served as co-chair of the Cochise County Continuum of Care (CCCoc) three times. In a collaborative effort, the Executive Director of GNA and Jenifer Thornton, City of Sierra Vista Homeless Liaison, are rebuilding the Cochise County CoC. Good Neighbor Alliance is designated as the Cochise County Lead agency for the AZ Balance of State Continuum of Care and under contract with Arizona Department of Housing. Cochise County CoC continues to grow with participation of a local foundation director as well as the Sierra Vista Police Department. Currently, meetings are being attended by: Cenpatico Integrated Care (CIC) (Regional Behavioral Health Authority); Cochise County Sheriff's Department; Community Partners Coordinated Care; Community Bridges Inc.; Bisbee Coalition for the Homeless; Women's Transition Project; Cochise County Reentry Coalition, Wellness Connection, Housing Authority of Cochise County (PHA), The Veterans Affairs Social Worker for the Homeless, the Supportive Services for Veterans Family run by the Red Cross of Southern Arizona, Chiricahua Health Center, St. Vincent De Paul.

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The CCCoC is working proactively in meeting the ADOH scope of work to increase the effectiveness of our community in working together to meet performance measures, establish case conferencing procedures, etc. with the goal to end homelessness. The CCCoC will be working on strategic planning to meet performance measures which will help to increase the lives of those transitioning out of homelessness. Additionally, CCCoC is collectively working together on challenges with HMIS to ensure quality data input, pulling reports to ensure data quality by agency and identify additional training opportunities, etc. Current discussion includes county-wide Coordinated Entry and its requirements, using the Vulnerability Index-Service Prioritization Decision Assessment Tool (VI-SPDAT) to establish a "By Name List" for Case Conferencing in prioritizing those most vulnerable to be housed. A written procedure should be in place by mid July 2017. The GNA-PATH Team has been instrumental in this effort and have worked closely with PATH enrollees to get them into services and housed. Discussion is underway to improve the homeless population transitioning out of the Cochise County jail. This impacts those eligible for the GNA-PATH program. AZBOSCOC and CCCOC are participating in Coordinated Entry using the VI-SPDAT system. This statewide strategy helps to increase the collection of data and input into the Homeless Management Information System (HMIS) as well as creating a mechanism for services accessed within the HMIS/BOSCOC to collaborate on the coordination of care for shared clients.

Locally, the City of Sierra Vista has been designated an entitlement community by HUD as a recipient of Community Development Block Grant Funding (CDBG). This designation changes the relationship of the City of Sierra Vista with the Arizona Department of Housing and changes the scope of work for Sierra Vista. As an active member of the Cochise County Continuum of Care, GNA is instrumental in representing those experiencing homelessness and mental illness, numbers of unsheltered, housing inventory and services for these populations. There also has been a shift in the requirements for the Housing Opportunities for People with Aids (HOPWA) grant administered by the Housing Authority of Cochise County (HACC). This includes data collection and input into the HMIS System. The Executive Director of GNA is an active commissioner for HACC.

These efforts will improve homeless clients' access to services, enhance inter-agency networks and ultimately improve the lives of clients. GNA has been responsible for organizing the HUD mandated biannual unsheltered street count from 2005 through 2016 for Cochise County. GNA has been involved with the Data Quality committee to establish data collection requirements and policies and procedure also to increase the effectiveness of outreach opportunities, identify gaps, and to assist in proposed statewide procedures. The Executive Director of GNA, Kathy Calabrese is considered to be a leader in homeless issues throughout Cochise County. The Cochise County Continuum of Care will be conducting yearly gaps analysis to support programs, identify resources and seek funding opportunities. The GNA-PATH Team will be instrumental in planning and managing the count for the great expanse of Cochise County.

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Collaboration with Local Community Organizations- Provide a brief description of partnerships and activities with local community organizations that provide key services (i.e., outreach teams, primary health, mental health, substance abuse, housing, employment, etc.) to PATH-eligible clients and describe coordination of activities and policies with those organization. Provide specific information about how coordination with other outreach teams is achieved.

GNA PATH coordinates with organizations that provide key services to PATH clients. These organizations include Cenpatico (the RBHA in Cochise County), Bisbee Coalition for the Homeless, the Southeastern Arizona Behavioral Health Services and Housing Department (SEABHS), and Assurance Health and Wellness/Arizona Counseling and Treatment Services (ACTS). St Vincent De Paul assists clients with funding to obtain duplicate IDs that have been lost or stolen. GNA has collaborated with Goodwill Industries on employment job search training that helps clients enter the workforce. GNA hosts one Alcoholic Anonymous meeting weekly. GNA-PATH has established working relationships with landlords/property managers and businesses excited to help further access to housing and employment opportunities. The Executive Director attends the quarterly VA Homeless Summits in Tucson. GNA has hosted many church and youth groups for tours and community service projects. The GNA pantry is primarily stocked through community and church sponsored food drives. Local area churches, businesses, and community-at-large volunteers offer their services to provide evening hot cooked meals daily. GNA-PATH participants are encouraged and invited to attend. The Executive Director is sought out by community members wanting to get involved in helping the homeless or just wanting information about all things relating to local homelessness. The Following organizations and services are used for referrals depending upon shelter guests and/or GNA-PATH participants needs: the Housing Authority of Cochise County, the AZ Department of Veterans Services (AZDVS) Benefits Counselors, the Sierra Vista VA Community Outpatient Based Clinic and Homeless Case Manager, Tucson VA Homeless program, Women's Transition Project (WTP), Chiricahua Community Health Center, Community Intervention Associates, St. Vincent De Paul, Community Bridges Inc., Cochise County Drug Court and Cochise County Court Assisted Recovery Court (CARE Court) for veterans and those with mental illness. Additionally, GNA receives referrals from most of these organizations as well. The PATH Team partnered with the Community Food Bank of Southern Arizona during the 2017 Point-In-Time (PIT) Homeless count. The food bank offers its services at various locations throughout southern Arizona and Cochise County. Our PATH Team met with the Director of the Food Bank, Joy Tucker, and explained the mission of the PATH program, and specifically what it offers to the rural communities in Cochise County. The PATH Team also assists local agencies servicing justice involved individuals. Prison reentry programs have sought out PATH resources in attempts to identify suitable housing for these individuals. The PATH Team also assisted in identifying housing and program resources for convicted sex offenders.

GNA-PATH is primarily the most active and visible outreach team. Throughout the last year most outreach activities to homeless have been cut by other organizations. Currently, PATH is the only designated outreach team that visits all communities within Cochise County. GNA-PATH has been sought out by church groups, the VA Social Worker, the Director of Bisbee Coalition for the Homeless, and representatives from the City of Sierra Vista to go on outreach with the team.

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Service Provision- Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including:

The GNA PATH team has Good Neighbor Alliance as a resource in identifying and working with those who are "literally and chronically homeless." GNA's *Samaritan Station* shelter has been serving individuals and families experiencing homelessness with both temporary and chronic episodes since 2003. For much of the local community, GNA is known as the "go to" organization for anything having to do with homelessness and advocacy for those experiencing homelessness. It has been a continual goal for the staff to be "in the know" about resources for services to assist those who are poverty stricken, homeless, and family members trying to help their loved ones. The PATH Team Lead, PATH Outreach Specialist and Program Coordinator have made many valuable contacts making it easier to break barriers and cut through the red tape for those that need assistance navigating through frustrating levels of systems. The reputation of GNA is a valuable asset to the PATH team in terms of time invested in establishing such contacts. Activities to maximize the use of PATH funds to serve adults who are literally homeless include outreach on the street and in desert camps and in -reach at GNA Shelter and the Bisbee Coalition for the Homeless shelter. Evening meals at both shelters offer the opportunity to form alliances and engage individuals experiencing homelessness.

- How the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.

The majority of GNA-PATH team services align with the street outreach and case management goals as a priority. As an emergency homeless shelter GNA is in a unique position to provide housing, basic necessities and case management. GNA holds beds for PATH clients as we know that it is a huge step for them to agree to come indoors and accept services. GNA PATH staff provides case management services for PATH enrolled clients, including referrals to the RBHA for behavioral health and substance use treatment. Specifically, the PATH Team assists clients in obtaining intake appointments, provides transportation to/from any subsequent appointments. The PATH Team also assists with researching the availability or existence of past medical or behavioral health records to assist the individual during the SMI determination process. In the past year, the PATH Team has also advocated for clients with CIC, when issues arose with their behavioral health provider. The PATH team assists with applying for IDs needed for access to AHCCCS (Medicaid), Food Stamps, SSA/SSI/SSDI, Veteran's benefits, physical health treatment, and applying for permanent supportive housing. Other services include: personal care assistance, pre and post job coaching, referrals to job training (workforce development), health promotion/education, substance use prevention and supports with living skills development. Members of the PATH team assist clients with making appointments and physically getting clients to needed appointments. The PATH team helps clients navigate through the behavioral health and medical healthcare systems to help overcome barriers that they encounter. Ultimately, the PATH team helps clients re-engage into the systems which they feel have shunned them. Strategies for outreach: The GNA PATH team members conduct outreach throughout Cochise County which includes Benson, Bisbee, Douglas, Bowie, Pearce, Tombstone, Sunsites, Elfrida, Sierra Vista, and Willcox. The team also works with the guests of Good Neighbor Alliance Samaritan Station Shelter and Bisbee Coalition for the

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Homeless which house both males and females experiencing homelessness. Programs such as GNA's Day Shower Program, Wellness Connection consumer-run clubhouse, St. Vincent De Paul and Salvation Army are also used for identifying adults experiencing homelessness or at risk of becoming homeless.

The Team has adopted a "meet me where I am" strategy. The team provides food that have been donated, hygiene and health items, referrals and advocacy and continues contact with PATH eligible individuals during the outreach process of engagement to establish a therapeutic alliance. Case management can be done "on the spot" in camps, at the GNA Shower Program, or at the GNA PATH office. The team is ready with a cell phone and a list of resources during all encounters.

Potential consumers and those PATH enrolled are not treated as a number or part of the cattle call approach often experienced by people seeking services. This approach often alienates many of those experiencing homelessness. On some occasions, GNA has been instrumental in getting chronically homeless individuals to agree to accept behavioral health services. Discussions are currently proceeding with a behavioral health provider concerning the difficulty for individuals experiencing homelessness who are serious mentally ill to be put into a group setting and be required to participate. Persons experiencing homelessness often feel betrayed by those employed by service providers. The GNA approach is; if a promise is made to the consumer, the promise must be kept. GNA PATH is about connecting, gaining trust and treating people with respect at all times. The GNA-PATH team has developed a monthly outreach calendar so as to foster follow up opportunities with clients and potential clients throughout the county.

- Provide specific examples of how your agency maximizes use of PATH funds by leveraging use of other available funds for PATH client services.

GNA offers shelter (not funded by PATH) to GNA-PATH clients. The shelter has a wide array of personal products for PATH clients to use. In the event PATH clients have other needs i.e. replacement of ID or clothing, GNA requests assistance from the local St. Vincent de Paul Conference. GNA has an excellent working relationship with St. Vincent de Paul and other ministries to help our clients. There are also times when monies come from the general account of GNA to assist PATH participants with obtaining ID, postage, etc. when St. Vincent DE Paul is not able to assist with these services.

- Describe any gaps that exist in the current service systems.

The lack of sufficient funding for housing vouchers for those chronically homeless suffering from serious mental illness has become a gap. Over the past couple of months housing for this population has been at capacity creating longer waitlists. The wait time also leads to periods of disengagement by participants. Additionally, the housing (vouchers) for those suffering with SMI and NOT chronically homeless is also at capacity causing people to remain homeless in their current habitat or in shelters for extended periods of time. There are openings for bricks and mortar housing units but participants are forced to relocate to other locations throughout Cochise County. Also, there is a gap resulting from the local behavioral health providers in Cochise County not using HMIS, Coordinated Entry and the Vulnerability Index-Service Prioritization Decision Assessment

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Tool (VI-SPDAT) which has created barriers to housing for our shared clients. GNA is meeting with CIC, the local Regional Behavioral Health Authority (RBHA), to work on barriers. CIC has opened an office in Sierra Vista, Cochise County making them more accessible.

Lack of in-patient treatment is a gap. Once clients receive services for detox and short term substance abuse treatment they are referred to facilities in Tucson and/or Yuma. They often deny those services based on proximity to where they live. Also, paperwork for their transition is not always done prior to them leaving the treatment center therefore many disengage at that point. Currently, the County of Cochise is conducting a community health assessment with a concentration on mental health treatment opportunities. Additionally, barriers and challenges will be integrated into the CCCoC strategic plan.

- Provide a brief description of the current service available to clients who have both a serious mental illness and a substance use disorder.

Services available for PATH enrollees who have both mental illness and co-occurring substance use disorder include outreach, case management, peer support, substance abuse counseling and relapse prevention groups, Alcoholics Anonymous, Narcotics Anonymous, and SMART Recovery. GNA-PATH provides referrals for adults to Community Bridges Inc. and also women with substance use disorder to Women's Transitional Project, while men are referred to the Verhelst Recovery House. GNA-PATH is kept aware of the client's progress to help in their transition upon graduation from these programs. On several occasions, GNA has referred veterans to the Tucson Homeless Veteran program and the local HUD-VASH program for housing and services. Women experiencing domestic violence are referred to DV shelters in Cochise County

- Describe how the local provider agency pays for providers or otherwise supports evidenced-based practices, trainings for local PATH-funded staff, and trainings and activities to support collection of PATH data into HMIS.

GNA keeps up to date on evidence based practices, motivational interviewing and cultural competence. Currently, GNA-PATH is discussing the possibility of attending any provider training in our area in spite of not being a RBHA provider. Also, GNA is investigating becoming a Cenpatco Specialty Provider. Substance Abuse and Mental Health Services Administration (SAMHSA) and on-line trainings may provide other opportunities for best practices, etc. Living and serving in a rural community has always posed barriers and challenges due to the distance from Tucson and Phoenix. The SAMHSA-PATH website does provide for additional training opportunities. GNA-PATH has been part of the HMIS system since the beginning of our initial PATH contract in December 2010. Arizona Department of Housing provides and pays for training and HMIS licenses for AZ Balance of State COC service providers.

- Specific examples of how your agency serves to better link clients with criminal justice

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histories to health services, housing programs, job opportunities and other supports (e.g. jail diversion, active involvement in re-entry), OR specific efforts to minimize the challenges and foster support for PATH clients with criminal history (e.g. jail diversion, active involvement in re-entry).

GNA and the PATH Team have partnered with various agencies serving justice involved clients in Cochise County. Most notably, GNA/PATH Team members collaborate with the Cochise County Public Defender's Office concerning mutual client involvement in CARE Court, jail liaison and prison reentry programs. The PATH Team is a member of the Cochise County Behavioral Health Task Force. The task force meets quarterly at the Public Defender's Office. Procedurally, and as members of the task force, the PATH Team networks with adult and juvenile probation, jail liaison staff, behavioral health professionals, law enforcement and court officials, all with the same mission to serve individuals involved with the criminal justice system. When the PATH Team staff has clients that are justice involved, the PATH Team assists them in attending court appearances, probation visits, job interviews and any other requirements set forth as conditions of release from the court system. GNA is often the first call for probation officers seeking placement for a client in reentry transition. The PATH Team also assists these agencies in attempting to locate their clients if they miss appointments.

Data- Describe the provider's status on HMIS transition to collect PATH data in HMIS. Describe your plans for continued training and how you will support new staff.

Good Neighbor Alliance has been inputting PATH data into HMIS since December 2010. Also, as part of the Arizona Balance of State Continuum of Care (BOSCO), GNA inputs shelter and day shower program into HMIS system. GNA has consistently scored well on data quality reports. GNA has been a part of the HMIS system since 2006. GNA complies with data collection, and all other contractual obligations for working with the HMIS system as well as attending training opportunities. ADOH pays for training for all organizations inputting data into the Arizona Balance of State Continuum of Care system. There is a new data sharing agreements and releases to coordinate care between homeless shelters and other services within the state and BOSCO. This includes the Vulnerable Index-Service Prioritization Decision Assistance Tool and Coordinated Entry (VI-SPDAT) to prioritize housing need based on disability and length in homelessness. The Coordinated Entry gives us the ability to share this info with housing providers and determine place on wait list. Clinical Services are not provided but referrals for such services are. The GNA HMIS Administrator will continue to enter all data in a timely manner and correct any issues that may arise. The GNA HMIS Administrator's primary role is responsibility for running all HMIS reports pertinent to PATH to ensure accurate data collection. Also, the GNA HMIS Administrator will connect new users to Community and Information and Referral Service (CIR), following protocol implemented by ADOH. Regarding training, CIR has offered ongoing trainings to GNA staff as often as needed. Each year, all users will be required to retest their knowledge of HMIS data entry by completing the modules and quizzes supplied by CIR.

SSI/SSDI Outreach, Access, Recovery (SOAR)- Describe the provider's plan to ensure that PATH

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staff have completed the SOAR On-line Course and which staff plan to assist consumers with SSI/SSDI applications using the SOAR model and track outcomes of those applications in the SOAR On-line Application Tracking (OAT) system. For the grant year that just ended, include the following data:

- Indicate the number of PATH staff trained in SOAR;
- The number of staff who provided assistance with SSI/SSDI applications using the SOAR model;
- The number of consumers assisted through SOAR;
- Application eligibility results; (i.e., approval rate on initial application, average time to approve the application) and;
- The number of staff dedicated to implementing SOAR, part- and full-time. If the provider does not sure SOAR, describe the system used to improve accurate and timely completion of mainstream benefit applications (e.g. SSI/SSDI), timely determination of eligibility
- Describe the efforts used to train staff on this alternative system and what technical assistance or support they receive to ensure quality applications if they do not use the SAMHSA SOAR TA Center.

GNA-PATH currently has three SOAR trained staff- the Executive Director, PATH Team Lead, and PATH Outreach Specialist. They actively do SOAR applications with PATH enrolled clients or those we observe to be SMI but have not yet been determined. The PATH Team-Lead assists PATH clients navigate through the SSI/SSDI process. Since there is no longer a SSA office in Sierra Vista, applicants must now travel about an hour away to sit with a social security representative. This creates a significant barrier as there is no public transportation available however, this will be discussed at the CCCoC meetings to identify other resources. Approximately 98 percent of PATH clients are undereducated which makes completing a SSI/SSDI application online on their own much more frustrating. We are able to provide assistance and advocacy through the disability process. Also, we assist with obtaining medical and mental health records and to re-file denied claims. We work closely with Disability Determination claims representative by phone to ensure appointments are made and documentation is received.

The PATH team has a good working relationship with the Social Security office in Cochise County. A representative from the Douglas Social Security office has responded positively to attending the CCCOC monthly meetings and is willing to work with GNA-PATH on the SOAR challenges. Applications are done on-line but a hard copy must be delivered to the SSA office staff which is 100-mile roundtrip. During the 2016-2017 contract, PATH staff assisted 6 PATH clients with SMI determination paperwork. The intent of SOAR is to provide a streamlined application process for clients involved with outreach programs, such as PATH. It is specifically formatted to address the challenges facing the chronically homeless. We also assisted 4 clients with SSA applications; one of these applications was done through SOAR.

While GNA and PATH staff enjoys a good working relationship with the local SSA office in Douglas, AZ, there still exists problems with SSA staff knowing about the SOAR program. PATH staff has tried to work with the local office on awareness of the SOAR program, but it seems that we have to “reinvent the wheel” each time we work with a different staff member. While this process is

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in fact a barrier at times, it should be noted that the local staff is always professional and willing to assist with “regular” applications. Of the last 3 SSA office workers we have dealt with, none have known about the SOAR program when questioned about it by PATH staff. As such, two PATH staff members assisted clients with SSA applications, with the SOAR model attempted. In all honesty, it has been timelier to assist clients in applying for SSI/SSDI benefits at the local office, rather than applying online through the SOAR process. It should be noted that GNA has recently been contacted by management of the local SSA office and they have requested a meeting. The GNA Executive Director and PATH staff will meet with SSA management and ascertain what needs to be done to work collaboratively within SOAR guidelines.

Housing- Indicate what strategies will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

Strategies for permanent housing available to PATH enrolled clients include assisting clients to apply for state and federal subsidized housing programs such as Section 8, and Shelter Plus Care (SPC), and Supportive Housing Programs (SHP), now referred to as “HUD Housing”. Referrals are made to SEABHS and to Community Partner Care Coordination (CPCC) for access to HUD housing programs via the VI-SPDAT and Coordinated Entry. Emergency shelter referrals are made to Good Neighbor Alliance shelter, Bisbee Coalition for the Homeless shelter and Catholic Community Services domestic violence shelters. GNA PATH works directly with the local VA Homeless Case Manager for referral to the HUD-VASH voucher program. To date, Cochise County has been awarded 85 HUD- VASH vouchers. The Housing Authority of Cochise County Board does designate the chronically homeless as a priority population for Housing Choice Vouchers Program (Section 8). GNA-PATH provides referrals to the Red Cross of Southeast Arizona Supportive System for Veteran Families program for housing assistance and eviction prevention. GNA also has a small Rapid Rehousing contract with ADOH which GNA-PATH refers clients to when applicable. GNA and members of the Cochise County Continuum of Care are collaborating on strategizing on identifying housing funding and other opportunities.

On September 28, 2016 the housing opportunities for PATH clients changed considerably. GNA and PATH staff met with CPCC housing coordinators who explained the existence of new monies and programs available in Cochise county. CPCC staff explained they had housing opportunities available for the SMI, SUD and disabled populations. This has greatly enhanced the housing capabilities of GNA and PATH staff. We anticipate assisting a minimum of 10-12 PATH clients with housing, if the current CPCC programs remain funded 2017-2018.

Staff Information- Describe the demographics of staff serving the clients:

- How staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic, and differences of clients;
- The extent to which staff receive differences of clients; and the extent to which staff receive periodic training in cultural competence and health disparities

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The demographics of the GNA-PATH Team consist of two Caucasian males (one of whom has been homeless), one Hispanic male, and three Caucasian females (including one who is a veteran). GNA has an equal opportunity policy for program entry and participation and has adopted the Social Workers Code of Ethics. These policies prohibit discrimination based on age, disability, lesbian, gay, bisexual and transgender, racial/ethnic, and cultural differences of clients. Staff meetings include discussion about the need to be inclusionary rather exclusionary of those who need our help. Additionally, GNA has adapted the National Social Workers Standards for Cultural Competence. The staff receives in house training annually on cultural competence and issues of health disparities. In a rural area it is difficult to identify local training and we frequently must seek training opportunities outside of Cochise County. The demographics of GNA staff (including the GNA PATH Team) are 50% male, 50% female, which include 71% White. The GNA staff includes one African-American male, two Hispanic males, one Hispanic female, one Pacific Islander male, four Caucasian males, and four Caucasian females. There are two Veterans on GNA staff. GNA PATH-team expects these numbers to be the same for the next fiscal year.

Client Information- Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients served using PATH funds to be literally homeless.

From the 2015-16 Fiscal Year PATH Annual Report, GNA PATH client demographic is as follows: 65% male, 35% female, 90% White, 6% Black and 4% Other. These are clients classified with active, enrolled PATH status. GNA has many clients “on their radar” that are being outreached to on a regular basis but have not yet chosen to engage with PATH.

• **FY 2018 PATH Number Projections**

Number of Persons Projected to be Contacted	Number of Persons to be Enrolled	Number of Persons to “Literally Homeless	Number of Persons to be Veterans
220	36	20	10

In 2017/2018 we anticipate encountering approximately 55 individuals a quarter, which includes approximately 15-20 new contacts a quarter. We anticipate approximately 5-7 new enrollees a quarter. Historically, all individuals contacted in street outreach are literally homeless. Since July 2016, our PATH team has encountered 6 veterans during outreach endeavors. It is also of note that approximately 9 people identifying themselves as “prior military” or veterans were encountered during the 2017 Point In Time Street Count. As such, we anticipate encountering approximately 10 self-identifying veterans during 2017/2018. It should be noted when veterans are encountered, and after their military service has been verified, these individuals are connected with VA HUD-VASH through the local VA office and Red Cross. Most often, they are housed almost immediately and are not brought into the PATH program. In the event that the PATH Team encounters a self-identifying veteran, whose service cannot be verified or is ineligible for benefits, the team will work to enroll the individual if they appear to fit PATH SMI criteria.

Consumer Involvement- Describe how individuals who experience homelessness and have serious mental illnesses, and their family members, will be meaningfully involved at the organizational level

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in the planning, implementation and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards. See **Appendix I “Guidelines for Consumer and Family Participation”**.

Clients who are homeless and have serious mental illnesses have volunteered at the GNA PATH Shower Program. The program currently runs from 8 AM to 11 AM, Mondays, Wednesdays and Fridays. Clients are encouraged to make decisions and utilize problem-solving skills taking the initiative to complete tasks and fulfill program goals. It also helps clients gain empowerment and self-worth. Also, clients build time-management skills by incorporating their volunteer work into their PATH case plan.

When staff meets with clients, support systems are discussed and how the client wants them involved. These could include family members, case managers, peer support etc. GNA will engage the family to the degree the PATH participant allows them to be involved in their recovery. GNA has reached out to family members who live out of town while trying to get families reengaged with the PATH participant. Additionally, client input was sought when GNA/PATH staff was developing questionnaires for the 2017 Point in Time Street Count (PIT). During the count, input was welcomed about PATH procedures for the shower program, laundry program and overall outreach efforts. Cochise County is very rural, with the needs of the homeless varying from one community to another. As such, input was collected from clients in rural settings as well as the only somewhat urban setting, Sierra Vista.

Budget Narrative- Provide a budget narrative that includes the local-area provider’s use of PATH funds. See **Appendix C** for a sample detailed budget.

The submitted budget is in the amount of \$76,000 for both Federal and State combined. These funds will be used to fund the employees required to staff the PATH Team and a portion of the ERE which totals \$69,560. The balance of the monies will keep the PATH vehicle insured, maintained and fueled; some PATH enrollee expenses and some operating to keep the Team in touch while on the road. Good Neighbor Alliance provides \$9,625 in-kind support.

Justice Involved- Describe your agencies efforts to minimize the challenges and foster support of PATH clients with a criminal history, such as jail diversion, re-entry and other programs, policies and laws.

GNA and the PATH Team have partnered with various agencies serving justice involved clients in Cochise County. Most notably, GNA/PATH Team members collaborate with the Cochise County Public Defender’s Office concerning mutual client involvement in CARE Court, jail liaison and prison reentry programs. The PATH Team is a member of the Cochise County Behavioral Health Task Force. The task force meets quarterly at the Public Defender’s Office. Procedurally, and as members of the task force, the PATH Team networks with adult and juvenile probation, jail liaison staff, behavioral health professionals, law enforcement and court officials, all with the same mission to serve individuals involved with the criminal justice system. When the PATH Team staff has clients that are justice involved, the PATH Team assists them in attending court appearances,

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probation visits, job interviews and any other requirements set forth as conditions of release from the court system. GNA is often the first call for probation officers seeking placement for a client in reentry transition. The PATH Team also assists these agencies in attempting to locate their clients if they miss appointments. Being a rural community, there are few rental agencies. This has created a barrier as "burning a bridge" with one establishment limits the availability for housing. Good Neighbor Alliance works with local law enforcement such as probation officers to ensure landlords and employers that the client has "turned a new leaf" and is deserving of a second chance. Many employers and landlords are receptive to undertaking a client with a criminal history due to their relationship with Good Neighbor Alliance. Currently, GNA has 90% of its PATH clients with a criminal history.

Coordinated Entry- Describe how your agencies PATH team is engaged with the local coordinated-entry processes of the CoC(s) in your jurisdictions in which PATH operates and roles of key partners.

The GNA/PATH team implemented the Coordinated Entry/VI-SPDAT as of October 1, 2015. The PATH team completes a paper version of these documents in the field for each client that chooses to engage with PATH. Upon return to the shelter, the HMIS data specialist enters the Coordinated Entry/VI-SPDAT into HMIS. When inputting into the Coordinated Entry system the HMIS data specialists refers the clients to the appropriate housing programs. GNA also utilizes the Coordinated Entry system when working with other agencies through Case Conferencing to get PATH clients housed.

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Local-Area Provider Intended Use Plans

Local Provider Description- Provide a brief description of the provider organization receiving PATH funds including name, type of organization, region served, and the amount of PATH funds the organization will receive.

Founded in 1968, La Frontera Center (LFC) is a non-profit community mental health center, one of the original community mental health centers established in Pima County during the initial stages of the community mental health movement. Last year, more than 660 experienced LFC professionals served approximately 18,000 participants, more than half of whom represent ethnic minority populations. The continuum of services includes mental health and substance use treatment clinics, affordable housing programs, Serious Mental Illness (SMI) residential complexes, services for homeless individuals, a methadone maintenance program, DUI Education, Domestic Violence Education and Veteran services. LFC is dedicated to its mission of "Providing innovative solutions to complex problems; staff work with community partners to build a safe, strong, and healthy Arizona". Staff continually strives to provide services in a respectful, timely, and courteous manner with awareness of the richness of individual and cultural diversity. All services are grounded in best practices and accredited by the Commission on Accreditation of Rehabilitation Facilities. As part of its ongoing effort to provide culturally competent services, La Frontera has developed three assessment tools to assist in evaluating and improving service provision. These are: "Building Bridges: Tools for Developing an Organization's Cultural Competence"; "Growing Healthy Families: Tools for Developing an Organization's Family Strengths-Based Services"; and "Teach Women to Fish: Tools for Developing an Organization's Services to Women". La Frontera will receive \$273,022 in federal funds, \$95,926 in state funds for a total of \$368,948, and will provide services in the City of Tucson and other areas of Pima County where individuals who may be PATH eligible are located.

Collaboration with HUD Continuum of Care Program- Describe the organization's participation in the HUD Continuum of Care program, other local planning activities and program coordination initiatives, such as coordinated entry and coordinated assessment activities. If you are not currently working with the Continuum of Care (CoC), briefly explain the approaches to be taken by the agency to collaborate with the local CoC in the areas where PATH operates.

RAPP Project Connect is an active, voting member of the Tucson Pima Collaboration to End Homelessness (TPCH), the local Continuum of Care (CoC). RAPP Team staff members sit on the Emergency Solutions Committee, the HMIS (Homeless Management Information System) Committee, the Street Count Committee, the Coordinated Entry Committee, the Outreach Committee, and the Homeless Prevention Workgroup and attend bi-weekly Case Conferencing meetings. RAPP Team staff members volunteer their time to provide case management assistance to homeless individuals during Operation Deep Freeze and work with the continuum to provide services for the Summer Sun Program and the RAPP drop-in center is a Summer Sun Site for this program. RAPP Team staff members assist with the annual Point-In Time Count of homeless individuals and other projects of the CoC, including development of Policies and Procedures for

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Coordinated Entry-the RAPP Drop-In Center is a Coordinated Entry site and the team also does mobile VI-SPDAT assessments for clients unable to access the drop-in center. RAPP Team staff members participate in community events such as Veterans Stand Down events and Project Homeless Connect, and other community events and provide education to Tucson community organizations on issues of homelessness, mental illness, and co-occurring disorders with the goals of increasing community awareness and involvement and decreasing stigma associated with homelessness and mental illness.

Collaboration with Local Community Organizations- Provide a brief description of partnerships and activities with local community organizations that provide key services (i.e., outreach teams, primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organization. Provide specific information about how coordination with other outreach teams is achieved.

There is a special relationship between RAPP and the Sonora House Safe Haven as they are both projects of La Frontera. All residents and day program participants of the Safe Haven are screened and selected by the RAPP Team. Staff members from both programs interact on a daily basis to provide coordination of services for the mutual participants. Sonora House staff work with PATH clients on living skills and provide some case management services as well as housing. PATH consumers are assisted to apply for benefits from Department of Economic Security (DES) including Medicaid and food stamps and are assisted with this processes. Consumers who are ineligible for Medicaid benefits are assisted to apply for Healthcare for the Homeless services at El Rio Health Center (which is co-located with the RAPP program), and El Rio staff frequently refer homeless individuals to the RAPP program. RAPP Team staff coordinate services with staff from the Salvation Army Hospitality House, Primavera Shelter, and Gospel Rescue Mission for shelter services and a variety of other organizations such as Community Bridges, Cope, Codac, Hope, Inc., Cenpatico Integrated Care, Casa Maria soup kitchen, Grace St. Paul's Church and other faith-based organizations, the Social Security Administration, and Pima County Sullivan Jackson Employment Center. The RAPP Team Summer Sun Program includes a collaboration with the Community Food Bank which supplies 50 sack lunches per day for PATH clients during the Summer Sun Program. The RAPP Team coordinates with other outreach teams during bi-monthly Outreach Team meetings. Outreach staff from a variety of organizations including RAPP, Primavera, Community Bridges, Old Pueblo Community Services, and the VA meet to discuss specific outreach sites and areas as well as specific homeless individuals with whom they are working. These Outreach Teams also coordinate the process of locating individuals who are being considered for housing based on scores on the VI-SPDAT. Outreach workers from a variety of organizations refer individuals to the RAPP Drop-In Center for respite from the heat and cold. RAPP Team staff members interact with outreach workers from other organizations during meetings of the CoC and other events such as Project Homeless Connect and/or the Veterans Stand-Down events, and partner for outreach calls to remote camps and other desert areas.

Service Provision- Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

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Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.

The PATH/RAPP team will focus the majority of the staff's time, energy, and resources on street outreach, "in-reach" in the RAPP drop-in center and case management activities as priority services. During street outreach activities the team will use a "meet me where I am" low demand, strengths-based approach with the goal of forming alliances with the most vulnerable adults who are literally and chronically homeless. Once alliances are formed, the PATH team will work with individuals to meet self-identified goals. The RAPP outreach team is often contacted by members of the Tucson Police Department, downtown business people, churches, concerned citizens, neighborhood associations, and family members to respond and assess an individual on the street experiencing homelessness. RAPP Team staff will conduct outreach 5 days per week, in and around the City of Tucson, and other areas within Pima County (as staffing permits) where individuals experiencing homelessness are identified. Focusing the majority of the Team's outreach time and energy on the City of Tucson will maximize the number of individuals the team is able to outreach and engage. Staff will introduce themselves to anyone who appears to be homeless in an attempt to engage the individual. Staff members will provide outreach contacts with supplies to meet basic needs such as water, snacks, socks, bus passes, etc. in an attempt to form an alliance with the individual experiencing homelessness. The RAPP Clinical Supervisor, who is also a Registered Nurse is available to accompany staff on street outreach and is available for in-reach in the RAPP drop in center, 3-4 mornings per week. The RN is available to assess individuals for mental health/physical health concerns, and provide referrals and/or other intervention as needed. Persons experiencing homelessness often have numerous healthcare needs that go unmet, and are often unable or unwilling to access traditional healthcare facilities. Being able to provide nursing support, such as advice, a band-aide, sunscreen, or a bottle of water to these individuals in the drop-in center or during outreach is another engagement strategy for building trust and rapport that is utilized by the team. The RN can also provide education about dehydration, heat stroke, feet problems and other issues faced by individuals experiencing homelessness, and encourage and assist the individual to apply for Medicaid and obtain a primary care physician. RAPP is the only outreach team currently providing this service in the Tucson area. Since moving to the current location we have experienced an influx of individuals experiencing homelessness that come to the drop-in center seeking services. The majority of these individuals report hearing about RAPP "on the street" and are often assisted by other PATH clients to come to the drop-in center. The RAPP team will provide case management services to all PATH consumers based on the recovery model, which focuses on the strengths of the individual, are "person centered" and culturally competent. Case management services include, but are not limited to, assistance with obtaining identification documents; applying for mainstream benefits such as food stamps, Medicaid, SSI/SSDI utilizing the SOAR model, assistance with obtaining education and/or employment; coordination of health care, such as referral to El Rio Healthcare for the Homeless program, or obtaining a Primary Care Physician once healthcare benefits are in place; assistance with locating and obtaining shelter including Sonora House Safe Haven; assistance with locating and obtaining permanent housing; accessing individual and group counseling and mental health and substance abuse treatment; and linking the individual with other local social service agencies and mainstream benefits to meet the individual's specific needs.

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Emphasis is placed on opportunities for socialization and establishment of community and natural support systems.

Provide specific examples of how the agency maximizes use of PATH funds by leveraging use of other available funds for PATH client services.

La Frontera maximizes the use of PATH funds by leveraging other available funds for PATH enrolled clients such as the use of HUD funds to provide Safe Haven housing and day program services for PATH clients, the use of donations of bottled water and other donated goods, partnering with other organizations/agencies who provide services to this population such as our partnership with Primavera which provides funding for PATH clients to obtain Arizona State I.D. and other services such as motel vouchers. La Frontera will seek out other sources of funding for the PATH program such as other grants targeting this population, and/or other donations.

Describe any gaps that exist in the current service systems.

Gaps in the current system include the lack of emergency, transitional and permanent affordable, supportive housing based on a harm-reduction model for the dually diagnosed consumers who are not maintaining abstinence, and lack of housing for convicted felons and convicted sex offenders. There is only one (faith-based) program in Tucson that will accept any level sex offender and this program is only available for individuals who have an income and are capable of paying for room and board, therefore many of these individuals continue to live on the streets. La Frontera will continue to work with other service providers on the 51 Homes and 25 Cities initiatives to provide housing based on the "housing first" model to chronically homeless, medically vulnerable adults. Within the past year, medical respite beds have been identified at the Salvation Army Hospitality House and we continue to work on planning a facility to provide medical respite for individuals being discharged from the hospital, rehabilitation facilities, and/or nursing care facilities. RAPP Team staff will continue to work with staff and volunteers from the Faith-based community on this project which will be modeled after a program in Phoenix, Circle the City. These individuals are often discharged from hospitals, rehabilitation facilities, and the criminal justice system without sufficient follow-up for services and are often unable to meet basic needs without assistance. RAPP staff will collaborate with staff from Adult Protective Services, when necessary, to ensure the safety of vulnerable homeless individuals, and will file paperwork for involuntary evaluation of these individuals when deemed necessary. Another gap in services is adequate drop-in space for individuals who are homeless and need a safe place to be, out of the elements during the day when shelters are closed. RAPP is the only drop-in site available 5 days per week, 8 hours per day for both males and females experiencing homelessness. There is also a lack of non-traditional shelter for individuals who are actively using substances, have un-treated symptoms of mental illness, individuals who are homeless with pets, and individuals who are unable and/or unwilling to adhere to rules of traditional shelters. There is currently a workgroup in Tucson working to identify a site/location for an urban camping project that might be an option for these individuals but this is in the planning stages at this point and is meeting with opposition from neighborhood associations.

Provide a brief description of the current service available to clients who have both a serious mental illness and a substance use disorder.

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RAPP Team staff provide case management, counseling, education and referrals to groups, AA, NA, etc. La Frontera provides a multitude of services for individuals with co-occurring disorders including intensive outpatient treatment, residential substance abuse treatment, opioid treatment services and groups including SMART Recovery and Relapse Prevention. PATH clients are enrolled/assisted to enroll with a Cenpatico provider of their choice, including La Frontera.

Describe how the local provider agency pays for provides or otherwise supports evidenced-based practices, trainings for local PATH-funded staff, and trainings and activities to support collection of PATH data into HMIS.

La Frontera provides and pays for staff training and supports evidence-based practices including, but not limited to Trauma Informed Care, Motivational Interviewing, Critical Time Intervention, DBT (Dialectical Behavioral Therapy), Seeking Safety, and Housing First. The C of C provides, pays for, and supports HMIS training and HMIS activities. A PATH member attends the HMIS user's workgroup meetings monthly. All staff receive at least 24 hours of training per year related to the activities of their job.

Provide specific examples of how your agency serves to better link clients with criminal justice histories to health services, housing programs, job opportunities and other supports (e.g. jail diversion, active involvement in re-entry) OR specific efforts to minimize the challenges and foster support for PATH clients with criminal history (e.g. jail diversion, active involvement in re-entry).

The RAPP Team will work with the CoC and re-entry programs in Tucson and Pima County in an attempt to minimize the challenges and foster support of PATH clients with a criminal history. The RAPP Team has historically worked with clients exiting Arizona Department of Corrections and/or the Pima County Jail, who are homeless upon release and have symptoms of a serious mental illness and staff work collaboratively with the client and the Parole or Probation Officer assigned to the client to ensure a successful transition back into the community. RAPP Team staff will assist PATH clients to obtain a source of income, either through employment or application for entitlements to prevent re-offending/re-incarceration. The Team will encourage employers to hire individuals with a criminal history and advocate for clients with a criminal history who are seeking employment by participating in re-entry events. Staff will assist clients with obtaining Medicaid benefits and mental health and substance abuse treatment and will assist client to address any medical issues. RAPP Team staff will provide a safe place, out of the elements for these individuals to congregate where they are not exposed to alcohol, street drugs, or other criminal elements. Having the RAPP Drop-In Center as this safe place keeps these individuals away from the "people, places, and things" that can lead to re-offending and/or re-incarceration. The RAPP Team staff will provide encouragement and support for these individuals to explore alternative behaviors than the ones that led to criminal involvement, and offer a sense of hope that things can change. RAPP Team staff will make every attempt to provide individuals with legal involvement the tools they need to make choices that will lead to a more productive life than their previous life of incarceration. In addition, the RAPP Team provides a Recovery Coach/Outreach Worker at Tucson City Court one afternoon per week to work with clients who are participating in Mental Health Diversion with Judge Shetter. This staff person

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meets with these clients to determine PATH eligibility and conduct the VI-SPDAT assessment. In addition, these clients are encouraged to engage with the PATH program which provides support and guidance and assists the client to maintain engagement with the court to complete Mental Health Diversion and work on self-identified goals.

Data- Describe the provider's status on HMIS transition plan, with accompanying timeline, to collect PATH data by fiscal year 2017.

The RAPP Team is using HMIS to collect all data related to the PATH program. All Team members are trained on HMIS data entry and each team member enters services provided into the database. RAPP Team HMIS staff person attends the HMIS User's Group Meetings monthly and is currently responsible for data quality checks and running the PATH report.

SSI/SSDI Outreach, Access, Recovery (SOAR)- Describe the provider's plan to ensure that PATH staff have completed the SOAR On-line Course and which staff plan to assist consumers with SSI/SSDI applications using the SOAR model and track outcomes of those applications in the SOAR On-line Application Tracking (OAT) system. For the grant year that just ended, include the following data:

- Indicate the number of PATH staff trained in SOAR;

The Team currently has 3 members who are SOAR trained and 2 who are enrolled in the SOAR course.

- The number of staff who provided assistance with SSI/SSDI applications using the SOAR model;

Two staff provided assistance using the SOAR model.

- The number of consumers assisted through SOAR;

There were 9 consumers assisted but only 5 were SOAR applications.

- Application eligibility results; (i.e., approval rate on initial application, average time to approve the application) and;

One of the SOAR applications was approved within 5 months. The second was approved within 10 months and 1 was denied and no appeal was filed. Three SOAR applications and 3 Non-SOAR applications are pending.

- The number of staff dedicated to implementing SOAR, part- and full-time. If the provider does not use SOAR, describe the system used to improve accurate and timely completion of mainstream benefit applications (e.g. SSI/SSDI), timely determination of eligibility

There are currently 2 staff who are assisting with SOAR applications in addition to other duties including Outreach and Case Management. We have no staff dedicated to SOAR.

- Describe the efforts used to train staff on this alternative system and what technical assistance or support they receive to ensure quality applications if they do not use the SAMHSA SOAR TA Center.

We do not use an alternative system for assisting clients but some of our clients have SSI/SSDI applications that were filed prior to PATH enrollment. In that case, we assist them in the traditional manner, assisting with filling out paperwork, serving as the Third Party, and assisting with transportation to appointments.

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Housing- Indicate what strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

The RAPP Team will utilize a number of strategies for making suitable housing available to PATH clients, including, but not limited to referring clients to Sonora House Safe Haven and/or other shelters such as Primavera, Gospel Rescue Mission, or the Salvation Army Hospitality House, assisting PATH clients to apply for subsidized housing programs such as Section 8, City of Tucson, City of South Tucson, Shelter Plus Care, La Frontera Housing including Rally Point Apartments for Veterans, and any other subsidized housing programs that the client would be eligible for. RAPP Team staff will assist the client however necessary, including accompanying the client to appointments, assisting with the paperwork, assisting client to obtain I.D. documents, and actually assisting with move in and obtaining furniture and housewares. PATH clients with little or no income will be assisted to pursue employment or obtain entitlements if they are unable to work to enable them to attain/sustain housing. In addition to the above-mentioned housing programs, RAPP staff members have established relationships with independent landlords who offer affordable rental rates, minimum deposits, and do not require extensive financial or criminal background checks. RAPP Team staff will work with the CoC to continue to develop and implement a coordinated entry process for Pima County and will screen all PATH clients using the VI-SPDAT (Vulnerability Index-Service Prioritization Decision Tool) the assessment tool approved by Tucson Pima Collaboration to End Homelessness

Staff Information- Describe the demographics of staff serving the clients; how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic, and differences of clients; and the extent to which staff receive periodic training in cultural competence and health disparities. A strategy for addressing health disparities is use of the recently revised National Culturally and Linguistically Appropriate Services (CLAS) standards: <http://www.ThinkCulturalHealth.hhs.gov>

RAPP Team staff members range in age from 25-64 years of age. The Clinical Supervisor and R.N., Sharon Francis has been with the PATH program for 15 years, and Sharon recently was trained and certified as a Certified Clinical Trauma Professional by the International Association of Trauma Professionals. The Clinical Coordinator has worked with the PATH program since 1999. Two team members are male, two are Hispanic/Latino and four are Caucasian. Two staff members are Spanish speaking and one is a Spanish Interpreter. One staff member was homeless in the past, and another staff member has been treated for PTSD (Post-Traumatic Stress Disorder). One staff member has experience working with juveniles in the criminal justice system and working with the SMI population in a residential setting. Staff members promote inclusion in all the work that they do and strive to maintain the RAPP Drop-In Center as an environment where all are welcome, regardless of factors such as race, sexual orientation, housing status, mental illness, substance use and/or any other factors. Team members utilize a “meet me where I am”, non-judgmental, strengths-based approach and treat each individual with dignity and respect. La Frontera is a national leader in the field of Cultural Competency and staff receive yearly training in Cultural Competency and have the opportunity to participate in regular events promoting different cultures. La Frontera will continue to offer services based on CLAS standards and will provide services that are (1) culturally

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appropriate, (2) in the language the participant is most comfortable using, and (3) evidence-based. La Frontera will continue to recruit, promote, and support a culturally and linguistically diverse workforce, including staff in leadership positions, and strive to hire staff that closely mirrors the demographics of the clients we serve. Staff members are committed to providing services that respect the consumer's cultural background, including his or her race and/or ethnicity, family composition, religious beliefs, age, and sexual orientation, among others. American Sign Language and oral interpreter services are available upon request and at no charge. Vital documents are available in Spanish and documents can be translated upon request, including Braille. In addition to a Cultural Competence Committee that meets monthly, La Frontera has three client-focused initiatives targeting the LGBTQ, Native American, and Veteran/Military Family populations. All services are grounded in best practices and accredited by the Commission on Accreditation of Rehabilitation Facilities. As part of its ongoing effort to provide culturally competent services, La Frontera has developed three assessment tools to assist in evaluating and improving service provision. These are: "Building Bridges: Tools for Developing an Organization's Cultural Competence"; "Growing Healthy Families: Tools for Developing an Organization's Family Strengths-Based Services"; and "Teach Women to Fish: Tools for Developing an Organization's Services to Women".

Client Information- Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled and the percentage of adult clients served using PATH funds to be literally homeless. Demographic information was taken from the 2017 Point In Time Street Count of Homeless Individuals held on January 24, 2017. Of "Persons in Households without Children" there were 384 individuals counted who were Unsheltered, which is a slight increase over last year. 44 individuals were age 18-24 and 340 were over the age of 24. 82 were female and 301 were male, and 1 identified as Transgender. 82 reported being Hispanic/Latino and 302-Non-Hispanic/Latino. Race was as follows: White-288, Black or African-American-23, Asian-1, American Indian or Alaska Native-37, Native Hawaiian or other Pacific Islander-3, Multiple races-32. The RAPP Team will attempt to outreach 500 individuals in the FY-2017/2018 and enroll 400 or 80% in PATH. It is estimated that at least 75% of PATH clients will be "literally homeless" and that approx. 10% will be Veterans.

• **FY 2018 PATH Number Projection**

Number of Persons Projected to be Contacted	Number of Persons to be Enrolled	Number of Persons to "Literally Homeless"	Number of Persons to be Veterans
500	400	300	40

Consumer Involvement- Describe how individuals who are homeless and have serious mental illnesses, and family members will be meaningfully involved at the organizational level in the planning, implementation and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards. See Appendix I "Guidelines for Consumer and Family Participation".

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La Frontera is strongly committed to involving consumers and family members (as defined by the consumer) in all aspects of service provision including planning and evaluation of programs, and all consumers and family members are fully informed of all rights, including benefits and risks of services. La Frontera has been employing consumers of behavioral health services as Recovery Support Specialists in a variety of settings for over a decade, and makes no distinction between employees who identify as having mental health issues and those who do not. La Frontera has consumers working in management positions and family members of consumers on several boards. All RAPP/PATH consumers are active participants in their treatment, and are strongly encouraged to involve family (as defined by the consumer) in their treatment. Informal feedback is elicited from participants and family members on a continuous basis, and formal feedback is elicited in the form of annual satisfaction surveys. RAPP Team consumers consistently rate RAPP as the highest in consumer satisfaction within La Frontera's outpatient programs. Two current team members identify as having a mental health issue and serve in a peer support capacity.

Budget Narrative- Provide a budget narrative that includes the local-area provider's use of PATH funds. See **Appendix C** for a sample detailed budget.

PATH Budget and Justification-07/01/2017-06/30/2018

• **A. Personnel:**

Justice Involved- Describe your agencies efforts to minimize the challenges and foster support of PATH clients with a criminal history, such as jail diversion, re-entry and other programs, policies and laws.

The RAPP Team will work with the CoC and re-entry programs in Tucson and Pima County in an attempt to minimize the challenges and foster support of PATH clients with a criminal history. The RAPP Team has historically worked with clients exiting Arizona Department of Corrections and/or the Pima County Jail, who are homeless upon release and have symptoms of a serious mental illness and work collaboratively with the client and the Parole or Probation Officer assigned to the client to ensure a successful transition back into the community. RAPP Team staff will assist PATH clients to obtain a source of income, either through employment or application for entitlements to prevent re-offending/re-incarceration. The Team will encourage employers to hire individuals with a criminal history and advocate for clients with a criminal history who are seeking employment by participating in re-entry events such as the "Second Chance" event held on Wednesday April 20, 2016 in Tucson. Staff will assist clients with obtaining Medicaid benefits and mental health and substance abuse treatment and will assist client to address any medical issues. RAPP Team staff will provide a safe place, out of the elements for these individuals to congregate where they are not exposed to alcohol, street drugs, or other criminal elements. Having the RAPP Drop-In Center as this safe place keeps these individuals away from the "people, places, and things" that can lead to re-offending and re-incarceration. The RAPP Team staff will provide encouragement and support for these individuals to explore alternative behaviors than the ones that led to criminal involvement, and

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offer a sense of hope that things can change. RAPP Team staff will make every attempt to provide individuals with legal involvement the tools they need to make choices that will lead to a more productive life than their previous life of incarceration. In addition, the RAPP Team will provides Recovery Coach/Outreach Worker at Tucson City Court one afternoon per week to work with clients who are participating in Mental Health Diversion with Judge Shetter. This staff person meets with these clients to determine PATH eligibility and conduct the VI-SPDAT assessment. In addition, these clients are encouraged to engage with the PATH program which provides support and guidance and assists the client to maintain engagement with the court and complete mental health diversion.

Coordinated Entry- Describe how your agencies PATH team is engaged with the local coordinated-entry processes of the CoC in your jurisdictions in which PATH operates and roles of key players.

The RAPP Team is engaged with the local coordinated-entry process in a variety of ways. RAPP Team staff participate in the coordinated entry process by working with the C of C to develop Policies and Procedures for Coordinated Entry in Pima County, attending and participating in coordinated entry meetings, screening PATH clients using the VI-SPDAT, entering data into HMIS and referring clients to housing programs affiliated with the C of C, assisting outreach workers and community navigators to locate clients who are being considered for housing, and assisting clients to obtain documents necessary to obtain housing identified through coordinated entry. The RAPP homeless drop-In center is a Coordinated Entry Site where anyone from the community can come in and request a VI-SPDAT assessment. In addition, the RAPP Team is a mobile Coordinated Entry Team that can travel to the client's location in Tucson/Pima County to conduct the VI-SPDAT assessment. The entire RAPP Team is trained in the coordinated entry process and conducts the VI-SPDAT assessment and enters the data into the HMIS system. The RAPP Team Clinical Supervisor attends the bi-weekly coordinated entry meetings of the CoC and is actively involved in the development of the Policies and Procedures related to coordinated entry in Pima County. She also attends bi-weekly case conferencing meetings, and is working on a committee to develop policies and procedures related to homeless prevention within Pima County. The RAPP Team Coordinator attends bi-weekly outreach meetings to coordinate outreach efforts and assist in locating individuals who are being housed through the coordinated entry process. The Team Recovery Coach conducts VI-SPDAT assessments in Tucson City Court, and the entire team is able to conduct mobile VI-SPDAT assessments in the field.

III. State Level Information

A. Operational Definitions

Term	Definition
Homeless Individual:	Individual experiencing homelessness- a. An individual who lacks a fixed, regular, and adequate nighttime residence; and b. An individual who has a primary nighttime residence that is: o A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); o An institution that provides a temporary residence for individuals intended to be institutionalized; or o A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
Imminent Risk of Becoming Homeless:	Imminent Risk of Becoming Homeless- An individual of family who meet the following criteria: • Doubled up living arrangements where the individual's name is not on the lease, • Living in a condemned building without a permanent place to live, • Arrears in rent/utility payments, • Having received an eviction notice without a place to live, • Living in temporary or transitional housing that carries time limits, • Being discharged from a health or criminal justice institution without a place to live.
Serious Mental Illness:	Serious Mental Illness- A condition of persons who are eighteen years of age or older and who, as a result of a mental disorder as defined in A.R.S. 36-501, exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long -term or indefinite duration. In these persons mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation
Co-occurring Serious Mental Illness and Substance Abuse Disorders:	Co-occurring Serious Mental Illness and Substance Abuse Disorders- Persons who have at least one serious mental disorder and a substance use disorder, where the mental disorder and substance use disorder can be diagnosed independently of each other.

Footnotes:

III. State Level Information

B. Veterans

Narrative Question:

Describe how the state gives consideration in awarding PATH funds to entities with demonstrated effectiveness in serving veterans experiencing homelessness.

Footnotes:

Each PATH funded contractor is required to form working relationships with the Veterans Administration Medical Center, the State Veteran's Services and the U.S. Vets in their local area to assist with the coordination of services for homeless veterans. This includes coordination of mental health care, benefit assistance, medical care, emergency, transitional and permanent housing to homeless vets as well as participation in Stand Downs and Project Challenges in the respective geographical service area. PATH contractors collaborate with other local agencies and hospitals in their respective geographical service area to increase the location and services of Veterans who meet the PATH eligibility criteria.

III. State Level Information

C. Recovery Support

Narrative Question:

Describe how the services to be provided using PATH funds will reduce barriers to accessing effective services that sustain recovery for individuals with mental and substance use disorders who experience homelessness.

Footnotes:

PATH Outreach teams use multiple approaches such as Motivational Interviewing (MI), Trauma Informed Care (TIC), Harm Reduction and Critical Time Intervention (CIT) to help reduce barriers for homeless individuals to access effective services. These evidence based practices (EBPs) allow PATH outreach teams to play a vital role in maintaining contact between the individual and the case manager for follow-up, advocating for housing assistance, continuity of care, as well as meeting their basic needs.

For homeless individuals who have a serious mental illness and not receiving treatment, PATH provides comprehensive and intensive outreach service with the goal of enrollment into mainstream behavioral health services. The services provided by PATH will also result in the reduction in the number of SMI individuals being homeless through housing location placement and technical assistance.

III. State Level Information

D. Alignment with PATH Goals

Narrative Question:

Describe how the services to be provided using PATH funds will target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.

Footnotes:

PATH outreach teams utilize street outreach, engagement and case management as a priority in serving vulnerable adults who are literally and chronically homeless. Focus is on those individuals who are hardest to serve. Outreach teams regularly venture out into places they camp in order to engage them with the purpose of referring them for treatment. It often takes multiple contacts and intensive case management to get individual(s) to apply for services.

Of note, once the homeless individual is enrolled into PATH, the outreach team will conduct an initial assessment utilizing the Vulnerability Index and Service Prioritization Decision Tool (VI-SPDAT).

PATH funding is available for the following trainings and the Arizona's State PATH Contact (SPC) encourages each PATH contractor to attend:

- *SSI/SSDI Outreach, Access and Recovery (SOAR)
- *Motivation Interviewing (MI)
- *Critical Time Intervention (CTI)
- *Harm Reduction
- *Trauma Informed Care (TIC)
- *Housing First and
- *Outreach

It has been stated throughout each PATH contractors Intended Use Plan (IUP) that when these EBPs are used either alone or together, they can be effective in reaching the hardest to serve.

Some of the other task PATH outreach teams perform:

- *Being the point of contact for food, clothing, water, blankets, shelter and basic living skills;
- *Linkages with the behavioral health system;
- *Assistance in getting prescriptions filled;
- *Assistance with the behavioral health system and/or substance abuse treatment enrollment;
- *Referral for aftercare support including but not limited to case management, housing and transportation;
- *Assistance in obtaining medical records, picture identification, social security cards and affordable housing;
- *Field assessment and evaluations;
- *Intake assistance/emergent and non-emergent triage;
- *Transportation assistance (bus tokens and transporting);
- *Assistance in meeting basic living skills;
- *Move In assistance;
- *Housing dollars for permanent placements;
- *Transition into the RBHA case management system;
- and assistance in locating cooling or heating and water stations during extreme heat and winter alerts.

III. State Level Information

E. Alignment with State Comprehensive MH Services Plan

Narrative Question:

Describe how the services to be provided using PATH funds are consistent with the State Comprehensive Mental Health Services Plans.

Footnotes:

Describe how the services to be provided using PATH funds are consistent with the State Comprehensive Mental Health Services Plans.

The Division of Behavioral Health Services was officially merged with AHCCCS on July 1, 2016. The merger has been a positive step toward increasing integration in the health care system and has already resulted in beneficial outcomes and forward thinking policy decisions which factor in whole person health.

AHCCCS Mission: Reaching across Arizona to provide comprehensive, quality health care for those in need.

The majority of the services PATH enrolled individuals receive is provided through Regional Behavioral Health Authorities (RBHAs) based on geographical service area. AHCCCS offers a comprehensive array of covered behavioral health services to assist, support and encourage each eligible person to achieve and maintain the highest possible level of health and self-sufficiency. The goals that influenced how services were developed include:

- Align services to support a person/family centered service delivery model.
- Focus on services to meet recovery goals.
- Increase provider flexibility to better meet individual person/family needs.
- Eliminate barriers to service.
- Recognize and include support services provided by non-licensed individuals and agencies.
- Streamline service codes.

III. State Level Information

F. Alignment with State Plan to End Homelessness

Narrative Question:

Describe how the services to be provided using PATH funds are consistent with the State Plan to End Homelessness. Describe how the PATH program supports the efforts to reduce/eliminate chronic homelessness in the state. Describe how the PATH program integrates disaster preparedness and emergency planning into their continuity of care planning and the process of updating and testing their emergency response plans.

Footnotes:

Describe how the services to be provided using PATH funds are consistent with the State Plan to End Homelessness.

PATH funding services to help reduce homelessness include but are not limited to reengagement, screening, clinical assessment, community mental health, substance use treatment and case management, etc. which are integral in ending Arizona's homelessness.

Describe how the PATH program supports the efforts to reduce/eliminate chronic homelessness in the state.

The Arizona Department of Housing developed a revised State Plan to End Homelessness that aligns with objectives of the United States Interagency Council on Homelessness (USICH) and the Federal Plan to End Homelessness, "Opening Doors." The Arizona Plan to End Homelessness focuses on five (5) goals: 1.) End chronic homelessness; 2.) prevent and end veteran homelessness; 3) continue to work to prevent and end homelessness for families, youth and children; 4) develop measurement standards, data collection and accurate reporting systems; and 5) move from a homeless management system to a homeless prevention system.

The Arizona Department of Housing (ADOH) developed the five year 2015-2019 Consolidated Plan (Consolidated Plan), of which the Annual Action Plan is the annual update. The Consolidated Plan determines priorities, establishes strategic goals, and allocates resources for the HUD funded programs administered by ADOH, namely: the Community Development Block Grant Program (CDBG); the HOME Investment Partnerships Program (HOME); Housing Opportunities for Persons with AIDS Program (HOPWA); and the Emergency Solutions Grant Program (ESG) administered by the Arizona Department of Economic Security (ADES); and the Housing Trust Fund (HTF).
<https://housing.az.gov/sites/default/files/documents/files/Draft-2017-2018-Action-Plan.pdf>

Describe how the PATH program integrates disaster preparedness and emergency planning into their continuity of care planning and the process of updating and testing emergency response plans.

The Arizona Health Care Cost Containment System (AHCCCS) Division of Health Care Management (DHCM), Clinical Quality Management Unit (CQM) takes an active role in ensuring continuity of care for enrolled members that may impact care and services delivered to members during urgent or crisis situations within the state of Arizona such as: an Arizona Department of Health Services (ADHS) Licensure declared immediate jeopardy in a placement setting, a significant quality of care issue in a placement setting, natural disasters such as fires, air conditioning failures during the summer, mass power outages in locations where members reside, public health events such as a potential viral epidemic, foreclosures and bankruptcies of facilities, local government interventions with placement setting, AHCCCS provider limitations, suspensions or terminations of providers.

III. State Level Information

G. Process for Providing Public Notice

Narrative Question:

Describe the process for providing public notice to allow interested parties, such as family members; individuals who are PATH-eligible; mental health, substance abuse, and housing agencies; and the general public, to review the proposed use of PATH funds (including any subsequent revisions to the application). Describe opportunities for these parties to present comments and recommendations prior to submission of the State PATH application to SAMHSA.

Footnotes:

The PATH grant application will be posted on the AHCCCS/DHCM website for public comment and any comments received are compiled for use in subsequent applications. Contact information for the Arizona State PATH Contact (SPC) is included on all posted PATH Applications as well as general communications, for any interested parties to provide feedback. Feedback is accepted any time throughout the year via phone call, email or postal mail.

III. State Level Information

H. Programmatic and Financial Oversight

Narrative Question:

Describe how the state will provide necessary programmatic and financial oversight of PATH-supported providers, such as site visits, evaluation of performance goals, audits, etc. In cases where the state provides funds through intermediary organizations (i.e., County agencies or regional behavioral health authorities), describe how these organizations monitor the use of PATH funds.

Footnotes:

AHCCCS/DHCM monitors PATH activities through the implementation of monthly, quarterly and annual deliverables.

Contractors are required to submit monthly reports utilizing the PATH Data Exchange (PDX) detailing the number of individuals receiving PATH services by census and demographic. Each quarter they also provide a narrative report detailing what trainings have been attended or conducted, any collaboration efforts that have been established and as well as any barriers and /or success each program has had for the quarter. This allows the SPC to stay up-to-date of what is happening around the state.

Annual statistical reports are due each January to SAMHSA and AHCCCS/DHCM. Monthly and annual detailed expenditure reports are reviewed for accuracy & alignment with state & federal grant requirements prior to reimbursement. All contractors are required to comply with 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

In addition to reporting, contractors are subject to at least (1) on-site program review per geographic service area each year. The review consists of an examination of all aspects of the PATH program operations, including chart review to determine grant and contract compliance, interview with PATH enrolled individuals and PATH staff, and direct observation of program activities, outreach and engagement techniques used in enrollment.

III. State Level Information

I. Selection of PATH Local-Area Providers

Narrative Question:

Describe the method(s) used to allocate PATH funds to areas and providers with the greatest number of individuals who experience homelessness with serious mental illnesses or co-occurring substance use disorders (i.e., through annual competitions, distribution by formula, data driven or other means).

Footnotes:

This year's PATH funding was allocated based on level funding from FFY2016 with minor adjustments. Consideration was also based on the 2016 US Census data as well as the HUD 2017 Annual Point in Time Street Count data all of which demonstrated the highest need of individuals experiencing homelessness.

III. State Level Information

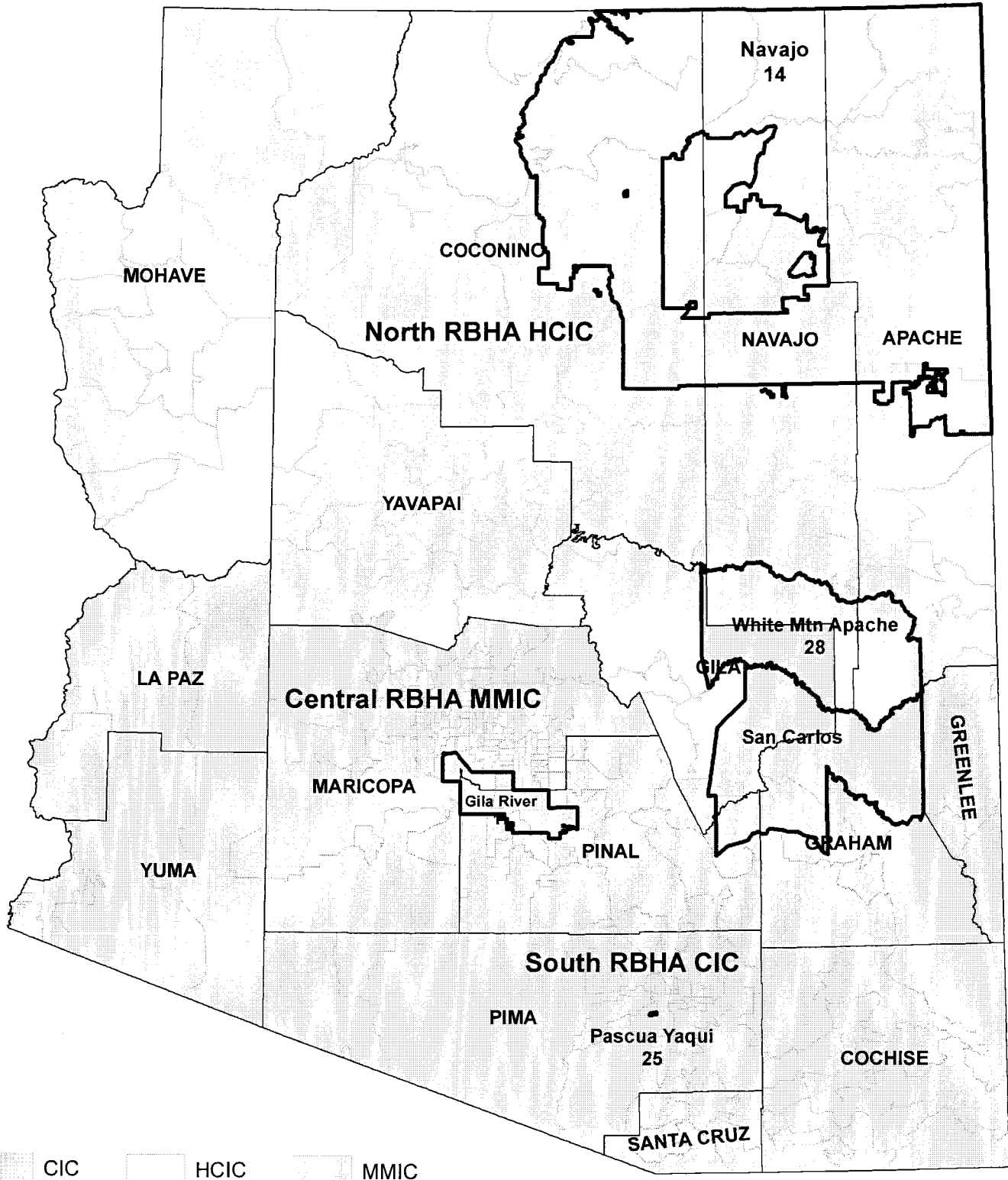
J. Location of Individuals with Serious Mental Illnesses who are Experiencing Homelessness

Narrative Question:

Indicate the number of individuals with serious mental illnesses experiencing homelessness by each region or geographic area of the entire state. Indicate how the numbers were derived and where the selected providers are located on a map.

Footnotes:

Arizona Regional Behavioral Health Areas (T/RBHAs)



Location of Individuals with Serious Mental Illnesses who are Experiencing Homelessness:

Indicate the number of homeless individuals with serious mental illness by each region or geographic area of the entire State. Indicate how the numbers were derived and where the selected providers are located on a map.

2017 Point in Time Street & Shelter Count

GSA	Adults Homeless Sheltered with SMI	Homeless Unsheltered with SMI	Total
*Balance of State	63	185	248
Maricopa County	432	434	866
Pima County	249	98	347

*Note, BOS encompasses 13 counties

GSA	Homeless Sheltered with Substance Use Disorder	Homeless Unsheltered with Substance Use Disorder	Total
*Balance of State	73	130	203
Maricopa County	235	476	711
Pima County	276	102	378

*Note, BOS encompasses 13 counties

III. State Level Information

K. Matching Funds

Narrative Question:

Describe the sources of the required PATH match contributions and provide assurances that these contributions will be available at the beginning of the grant period.

Footnotes:

Required non-federal contributions are available from the State General Fund NTXIX SMI Services Appropriation. The State contribution will be available at the beginning of the grant period.

III. State Level Information

L. Other Designated Funding

Narrative Question:

Indicate whether the mental health block grant, substance abuse block grant, or general revenue funds are designated specifically for serving people who experience homelessness and have serious mental illnesses.

Footnotes:

a.) Mental Health Block Grant - Funds provided by the mental health block grant are utilized for services to individuals with serious mental illness and children with serious emotional disturbance, including those who are homeless or at imminent risk of being homeless.

b.) Substance Abuse Block Grant- Provisions are made through the substance abuse block grant for services to be delivered through street outreach/drop in centers serving homeless individuals with substance use disorder at high risk for HIV, in addition to other community settings such as probation offices, domestic violence facilities and homeless shelters.

c.) State General Fund Revenue- State general funds allocated as match for PATH federal funds are specifically targeted for individual persons who are homeless and have a serious mental illness or co-occurring substance use disorder.

III. State Level Information

M. Data

Narrative Question:

Describe the state's and providers' status on the HMIS transition plan, with an accompanying timeline for collecting all PATH data in HMIS. If the state is fully utilizing HMIS for PATH services, please describe plans for continued training and how the state will support new local-area providers.

Footnotes:

Arizona's PATH funded contractors are fully utilizing HMIS for PATH services.

AHCCCS/DHCM will continue to support HMIS trainings and activities for its contractors, which will include alerting them of SAMHSA Homeless and Housing Resource Network webinars, and the Learning Community Webinars. Each contractor has a line item budget for continued HMIS support, licenses and trainings.

Each of the three CoC's offer technical assistance and training to each path funded contractor on an adhoc basis. If and when any issues arise, the HMIS Lead Agency will notify the Arizona SPC and the issue(s) will be resolved with collaboration between the path funded contractor(s), the HMIS lead agency and the Arizona SPC.

III. State Level Information

N. Training

Narrative Question:

Indicate how the state provides, pays for, or otherwise supports evidenced-based practices, peer support certification, and other trainings for local PATH-funded staff.

Footnotes:

In Arizona, we allow PATH contractors to have a line item budget to support trainings on evidenced based practices such as Motivational Interviewing, Housing First, and Assertive Outreach and Engagement for PATH-funded staff. Also, each year PATH contractors attend the Annual Statewide Conference to End Homelessness.

Other required trainings consist of:

SSI/SSDI, Outreach, Access and Recovery (SOAR). This training is a priority in Arizona and is recommended that all PATH Outreach staff, regardless of routinely assisting with benefits complete the on-line SOAR training on an annual basis.

HMIS Training. PATH contractors are required to have relationships with their respective HMIS Lead Agency to assist with any HMIS related issues. The SPC coordinates with the HMIS Lead Agency to help problem solve barriers to HMIS.

Vulnerability Index -Service Prioritization Decision Assistance Tool (VI-SPDAT). PATH contractors are trained on using this tool so they can triage homeless clients or family's acuity. The tool, across multiple components, prioritizes who to serve next and why, while concurrently identifying the areas in the person/family's life where support is most likely necessary in order to avoid housing instability.

Local PATH providers are required to conduct, attend and report on homeless service provider specific trainings which will allow them to gain additional skills to address the needs of individuals who are homeless (see intended use plans for specific trainings by county)

In addition to these training, the State PATH Contact is able to provide technical assistance to PATH program staff on an on-going basis. This includes on-site technical support or consultation. The State PATH Contact also disseminates Learning Community Training opportunities that may be of interest to PATH.

III. State Level Information

O. SSI/SSDI Outreach, Access and Recovery (SOAR)

Narrative Question:

Describe how the state encourages provider staff to be trained in SOAR. Indicate the number of PATH providers who have at least one trained SOAR staff. If the state does not use SOAR, describe state efforts to ensure client applications for mainstream benefits are completed, reviewed, and a determination made in a timely manner.

Footnotes:

As part of a state wide effort, all Arizona PATH teams are at different stages of successfully implementing Coordinated Entry (more information provided in their individual IUPs).

It is however, a contractual requirement that all PATH funded contractors attend their local CoC meetings and report attendance and outcomes in their quarterly narrative to the Arizona State PATH Contact. Occasionally, the SPC will attend the three different CoC meetings; in addition the SPC does attend all HMIS Subcommittee meetings for each of the three CoCs.

III. State Level Information

P. Coordinated Entry

Narrative Question:

Describe how PATH is engaged with the local coordinated-entry processes of the CoC(s) in the jurisdictions in which PATH operates and roles of key partners.

Footnotes:

As part of a state wide effort, all Arizona PATH teams are at different stages of successfully implementing Coordinated Entry (more information provided in their individual IUPs).

It is however, a contractual requirement that all PATH funded contractors attend their local CoC meetings and report attendance and outcomes in their quarterly narrative to the Arizona State PATH Contact. Occasionally, the SPC will attend the three different CoC meetings; the SPC does attend all HMIS Subcommittee meetings for each of the three CoCs.

III. State Level Information

Q. Justice Involved

Narrative Question:

Describe state efforts to minimize the challenges and foster support for PATH clients with a criminal history, such as jail diversion, reentry and other state programs, policies and laws.

Footnotes:

As part of a statewide effort, all Arizona PATH teams are at different stages of building relationships with and around the justice systems and those involved (more information provided in their individual IUPs). Currently, PATH contractors and their staff collaborate with the local jail system to identify individuals exiting jail who will be homeless and may meet the criteria for PATH so they can assist quickly. They also work collaboratively within their respected geographical services area with local attorneys, parole and probation officer's to ensure a successful transition back into the community.

PATH Reported Activities

Charitable Choice for PATH

Expenditure Period Start Date: 7/1/2015 Expenditure Period End Date: 6/30/2017

Notice to Program Beneficiaries - Check all that apply:

- ☐ Used model notice provided in final regulation.
- ☐ Used notice developed by State (please attach a copy to the Report).
- ☐ State has disseminated notice to religious organizations that are providers.
- ☐ State requires these religious organizations to give notice to all potential beneficiaries.

Referrals to Alternative Services - Check all that apply:

- ☐ State has developed specific referral system for this requirement.
- ☐ State has incorporated this requirement into existing referral system(s).
- ☐ SAMHSA's Treatment Facility Locator is used to help identify providers.
- ☐ Other networks and information systems are used to help identify providers.
- ☐ State maintains record of referrals made by religious organizations that are providers.
- ☐ _____ Enter total number of referrals necessitated by religious objection to other substance abuse providers ("alternative providers"), as defined above, made in previous fiscal year. Provide total only; no information on specific referrals required.

Brief description (one paragraph) of any training for local governments and faith-based and community organizations on these requirements.

Footnotes:

